DOCUMENT RESUME

ED 148 078 EC 103 461

TITLE	The Role of Higher Education in Mental Retardation and Other Developmental Disabilities.
SPONS AGENCY	Office of Education (DHEW), Washington, D.C.
PUB DATE	Oct 76
CONTRACT	300-75-0150
NOTE	67p.; The report was prepared by the Univ. Affiliated Facilities Task Force of the American Association of Univ. Affiliated Programs for the Developmentally Disabled
EDRS PRICE	MF-$0.83 HC-$3.50 Plus Postage.
DESCRIPTORS	Demonstration Projects; *Developmental Disabilities; Higher Education; Institutes (Training Programs); *Interdisciplinary Approach; *Mentally Handicapped; Professional Education; *Program Descriptions; *Teacher Education; *Universities
IDENTIFIERS	University Affiliated Facilities

ABSTRACT

The report focuses on recommended changes in existing federal, state, local, and private actions that support the existing University Affiliated Facilities (UAF) program, a national network of university affiliated interdisciplinary training programs for individuals working with mentally retarded and other developmentally disabled persons. An introductory section outlines the purpose of the report, the original program concept, assessment of program progress, and an overview of the UAF program. Section II describes the four basic program elements: training, service, technical consultation, and research. A third section focuses on activities geared toward strengthening the quality of individual programs to meet national standards and establishing national-level guidance and direction to program growth which will link UAFs in concert to deal with specialized national needs. Outlined in Section IV are procedures for restructuring governmental participation in the program. Final sections cover relationships with states and the service systems, the role of universities, the role of the American Association of University Affiliated Programs, and a summary of recommendations. (SBH)

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THE ROLE OF HIGHER EDUCATION IN MENTAL RETARDATION AND OTHER DEVELOPMENTAL DISABILITIES

—the report of the Long-Range Task Force on University Affiliated Facilities concerned with mental retardation and other developmental disabilities

October 1976

EC 113461

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Letter of Transmittal

October 10, 1976

Paul H. Pearson, M.D.
President
American Association of
University Affiliated Programs
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1100 17th Street, N.W.
Washington, D. C. 20036

Dear Dr. Pearson:

On behalf of the UAF Long-Range Planning Task Force, I am pleased to transmit this report of our recommendations with regard to the University Affiliated Facilities program.

When I was asked by John Meier, then president of the association, to chair the Task Force, I pointed to the dual needs the panel would have of the UAF program and the association — the need for cooperation and support to ensure that our work could be sufficiently documented, and the need to remain independent of the association and the program for purposes of objectivity in our reporting.

These requirements have both been met. I appreciate the patience and cooperation of the program in responding to numerous requests for data and various information about the individual programs, and appreciate in particular the acceptance by the program of the need for objectivity in this report.

The need for a review of the UAF program has been evident for some time. The members of the Task Force hope this report will be a contribution in that regard.

Sincerely,

George Tarjan

George Tarjan, M.D.
Chairman
UAF Long-Range Planning Task
Force

TABLE OF CONTENTS

	Page
Letter of Transmittal	i
Section I. Introduction	1
A. Purpose of Report	1
B. Original Program Concept	2
C. Assessment of Program Progress	4
D. A Program Overview	8
Section II. Program Elements	11
A. Training	11
B. Service	18
C. Technical Consultation	19
D. Research	21
Section III. Program Operation: Toward a National Network	24
A. Program Accreditation	24
B. Policy Research Institute	27
C. A Cooperative UAF Network	28
D. Comprehensive Program Evaluation	29
Section IV. Restructuring Governmental Participation in the Program	30
A. Administering Agency	30
B. New Directions in the Administration of Federal Support	30
1. The Minimal Program and "Core" Support	31
2. Coordination of Multiple Agency Support	32
3. Target Population Representation Among Programs	33
4. Geographical Distribution of Programs	34
5. Funding Requirements	35
6. Projected Cost	36
C. Legislative Changes Needed to Accomplish Restructuring	40
1. Program Name	40
2. Authorizing Legislation	40
3. UAF "Satellites"	42

Page

Section V. Relationships with States and the Service Systems ... 43

Section VI. The Role of Universities ... 45

Section VII. Role of the American Association of University Affiliated Programs ... 47

Section VIII. Summary of Recommendations ... 49

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SECTION I

INTRODUCTION

A. Purpose of Report

Legislation signed into law by President John F. Kennedy in 1963 (Public Law 88-164) led to the development of University Affiliated Facilities (UAF) which now number about forty and are located in some thirty different states. The passage of P.L. 88-164 signaled a major breakthrough in bringing the resources of the Federal Government to bear in the effort to more systematically address the manpower needs for care of this nation's mentally retarded citizens. For the first time, the Congress and the Executive branches recognized the need for federal funds to assist in establishing a nationwide network of university affiliated interdisciplinary training programs centered on models of service. Implicit in this commitment was recognition of the need to give high priority to training professional workers in the theory and practice of interdisciplinary programming for mentally retarded persons. With the passage of amendments to the Developmental Disabilities Act in 1972, the mission of UAFs was expanded to include other developmental disabilities in addition to mental retardation.

Thirteen years after enactment of the law giving life to the program, the Long Range Planning Task Force was convened with the purpose of reassessing the original UAF concepts first enumerated in 1963[1] and making recommendations as to the future direction and role of UAFs in the overall national strategy to combat mental retardation and developmental disabilities. The reassessment has been necessitated by and includes consideration of a number of factors.

a) The lessons of over a decade of experience in implementation and operation of the UAF program,
b) Advancements in the state of the art in treatment of mental retardation and other developmental disabilities,
c) Changes in higher education systems and manpower training patterns,
d) Evolution in the systems of service delivery which serve the developmentally disabled, and
e) The development of a body of federal law directly and indirectly supporting the UAF program.

This report provides recommended changes in existing federal, state, local and private actions that support the existing UAF program.

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[1] *A Proposed Program for National Action to Combat Mental Retardation.* The President's Panel on Mental Retardation, October, 1962.

Overall, the experience of a decade has proven the original UAF concept sound and has demonstrated beyond a doubt that the program concept is effective in meeting a significant social need.

Thus, it is appropriate that the program be modernized and extended to serve the developmentally disabled in all states. This report details the actions necessary for federal, state and local governmental and relevant private agencies to accomplish this goal. Other reports present the background information which supported the development of recommendations by the Task Force.*

B. Original Program Concept

The 1962 President's Panel report made the first major attempt to deal with the consequences of a fundamental characteristic of individuals with mental retardation and other developmental disabilities: the need for a "continuum of care." In the report, this concept was defined as follows:

> "Continuum of Care" describes the selection, blending and use, in proper sequence and relationship, of the medical, educational, and social services required by a retarded person to minimize his disability at every point in his lifespan. Thus "care" is used in its broadest sense and the word "continuum" underscores the many transitions and liaisons, within and among various services and professions, by which the community attempts to secure for the retarded the kind and variety of help and accommodation he requires. A "continuum of care" permits fluidity of movement of the individual from one type of service to another while maintaining a sharp focus on his unique requirements. The ongoing process of assuring that an individual receives the services he needs when he needs them and in the amount and variety he requires is the essence of planning and coordination.[2]

The report traced out two fundamental consequences of the continuum of care concept for the education of professionals, paraprofessionals, parents and volunteers who provide care to individuals with mental retardation and other developmental disabilities:

(1) The need for systematic training of these individuals in how to relate their contributions.
(2) The need for professional training to be conducted in service settings which are models of practice and management. The authors observed that "it is an accepted principle of professional education that the student acquire his (or her) professional skills in settings which exemplify the most advanced practices of that profession."[3]

*Available from the Association of University Affiliated Programs for the Developmentally Disabled, Suite 908, 1100 17th Street, N.W., Washington, D.C. 20036.

[2] *Op. Cit.*, President's Panel on Mental Retardation, pg. 74

[3] *Ibid.*, pg. 176.

Together these notions formed the basic concept of the UAF program: interdisciplinary training in exemplary settings.

The Panel observed that at the time of the report "... it is surprising how little systematic effort goes into preparation for such teamwork during professional training."[4] As a result, the Panel recommended government support to the establishment of this new approach to training.

The Panel stated:

> Models of this type might well be financed ... by communities, a host State, and the Federal Government. Care should be taken, however, not to impair the initiative of community and State in identifying needs, working out solutions, and paying their share of the costs of service, since overendowment leads to an artificial and hence worthless "model" which would be unable to obtain comparable support and commitment from other communities.[5]

The Panel introduced two other concepts that have provided a basis for the development of the existing UAF program.

The first concept led to the design of the UAF program as a change agent. The Panel reported,

> ... such exemplary programs can also serve as a means of demonstrating truly adequate management and new concepts of service — such as the "continuum of care" approach — to leaders and potential leaders in other communities. "Seed personnel" are thus prepared who can extend the concept. In addition, with their emphasis upon quality, both in service and in professional training, they would surely promote the recruitment of desirable personnel for work in mental retardation.[6]

The second concept was the notion of an incremental implementation and testing of the UAF concept. To quote the Panel report:

> When pilot demonstrations have proved successful, the tested models of management, coordinated with training and research, should be created in each of the regions served by the U.S. Department of Health, Education, and Welfare.[7]

The UAF program which was created following the Panel report attempted to establish a program which embodied each of these concepts.

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[4] *Ibid.*, pg. 176.

[5] *Ibid.*, pg. 177.

[6] *Ibid.*, pg. 197.

[7] *Ibid.*, pg. 177.

C. Assessment of Program Progress

Experience with the UAF program in the period following the implementation of P.L. 88-164 has validated each of the original program concepts stated by the 1962 Panel: training in models exemplifying a continuum of care, interdisciplinary training, UAFs as change agents, and incremental implementation and testing of the UAF concept.*

Exemplary Training and Service Models

The 1962 Panel intended that university training be linked with high quality but realistic service settings exemplifying a continuum of care for the developmentally disabled.

Noteable but not full success has been achieved in this regard. The UAF program has established a standard of excellence in diagnosis and treatment planning. Prior to 1962, families with developmentally disabled children were seldom able to obtain accurate diagnosis much less adequate treatment planning -- a situation resulting in needless human waste. Today reports come from most of the UAFs and many grateful parents that following a series of frustrating contacts with the service delivery system "they finally came to someone who could point out the trouble and help them adjust and plan realistically and effectively with the disability of their child." For a social problem with multiple and obscure causes, this is an especially noteworthy achievement. Thus, the UAF program is contributing significantly to "secondary prevention" of mental retardation. UAFs have been less responsive to the needs of developmentally disabled adults and need to expand their treatment of this group. **Attention should be given to assuring that the program proportionately benefits all developmental disabilities (e.g. seizure disorders). It is recommended that "backup diagnostic services and treatment planning" for complex cases be made one of the formal missions of the UAF program rather than a byproduct of training activities.** Clearly extension nationwide of this service is warranted.

The UAF program has had more limited success in uniformly accomplishing training in service settings fully responsive to the 1962 Panel's concept of "continuum of care." An entire life spectrum of services is needed by individuals with developmental disabilities. While there are exceptions, UAFs have tended to limit their emphasis to diagnosis, treatment planning and medical care. **While the excellence of UAFs is valuable and indeed necessary in these areas, training needs to be extended to the full continuum of care. Also, UAFs need to consistently pay attention to adults who are developmentally disabled.**

*Note that in many ways the UAF program is much younger than the 1962 date implies. It was several years after the enactment of P.L. 88-164 that the first UAF opened its doors. Funding of the last 20 of the UAFs only started in mid-1972, making these UAFs less than four years old.

Two steps are necessary. First, **UAFs need to establish closer linkages with the service systems in their States and use these linkages as a real world basis for training.** These linkages need to be made not for the sake of linkage per se or to offer service but rather to expose all professionals in their training to full life spectrum and needs of developmentally disabled individuals. Second, UAFs need to expand the scope of their training activities to include all individuals who offer care to developmentally disabled persons. To date, most UAFs have tended to emphasize education of higher level professionals. There is need to extend training to paraprofessionals (e.g. institutional personnel) and parents. Clearly these groups are vital members to the "continuum of care" concept. While these groups spend more time than any other group with developmentally disabled persons and offer almost all the developmental training received by mentally handicapped persons, they have received very little training from any source. The UAF programs should be extended to train trainers of parents and paraprofessionals.

Finally, UAFs have come to make a significant contribution in an area never anticipated by the 1962 Panel: the development of excellence in specialized service areas. Partly as a result of affiliations with research activities (including but not limited to the MR research center program) some UAFs have developed national and international leadership in specialized areas. **The purposeful specialization of selected UAFs constitutes a valuable national resource.** The complexity of developmental disabilities has resulted in highly specialized bodies of knowledge. **A next major evolutionary step for the UAF program is development of a national network which will allow specialized knowledge to be purposefully developed and made systematically available on a nationwide basis.**

Interdisciplinary Training

The UAF program has been most noteable in its development and spreading through the educational establishment of an interdisciplinary team approach to education. At the time of the 1962 Panel report, such an approach to education was rare. Today, the concept is widely accepted as offering the breadth of education necessary to medical and other professionals who work with developmentally disabled persons. Indeed it is fair to say that the federally legislated UAF program has supported the development of an interdisciplinary approach to education in general. The evidence of the magnitude of this achievement is illustrated by the commonplace use today of the term "interdisciplinary."

However, there is more of a contribution to be made. First, although accepted nationally, a number of universities and States have not adopted the interdisciplinary method of education. To meet this need **the program needs to be available to all States.** Second, the lack of uniform standards

for program and funding has led to the situation where not all existing UAFs offer high quality interdisciplinary education. To meet this need, **uniform national standards for interdisciplinary education need to be established, and funding should be offered only to those UAFs which meet standards.**

Third, while much has obviously been learned in UAFs about interdisciplinary education, transfer of this knowledge to other institutions of higher education has been achieved primarily by way of example. **Knowledge transfer to other universities would be heightened if more formal attention were given in the UAF program to dissemination of educational methods**, such as curriculum development, applied research on different variations of interdisciplinary training and use of audio-visual instruction.

UAFs As Change Agents

The 1962 Panel envisioned the UAF program as a change agent. It was never envisioned that UAFs would train all professionals in the DD field, but rather by example and through training of "seed personnel," it would influence the entire field. In this sense the mission of the UAF program was not seen as training *per se* but, rather, as a capacity building program to impact all training and service delivery programs in States. The history of the program has demonstrated the veracity of this concept. Through investment of federal dollars, which represent only a fraction of total training and service expenditures, capacity has been built in States with UAFs. The program should be extended to other States. However, candidly it must be said that the UAF program has the potential for doing more in the knowledge transfer area. One major limitation has been a tendency of some UAFs to perceive their responsibility as strictly limited to their own students. More explicit attention under federal direction needs to be given by UAFs to the change agent concept as a primary program mission. The offering of technical consultation is one, although only one way in which this role of UAFs can be realized.

Incremental Implementation and Testing of the UAF Concept

As cited above, it was intended from the outset that the UAF program be implemented in an incremental fashion. The 1962 Panel recommended that the program be extended nationwide once "pilot demonstrations have proved successful." **The program has reached the point where existing UAFs have proven the basic program concepts sound. However, prior to expansion, standards based upon those UAFs which have been the most successful need to be established.** At present, vague mission statements and varying federal guidelines have led to variation in the quality of existing programs. An adequate basis exists if tapped to support the development of standards and then program expansion.

Early emphasis in the development of UAFs naturally was on the creation of truly exemplary demonstration programs. This led to UAFs being placed in universities which already possessed impressive capabilities. Thus, areas where resource bases are the weakest, and having the most need, are the ones which stand to benefit from the expansion of the UAF program. These are also areas where federal capacity building support is essential if any progress is to be made.

It is important to note that the 20 states and the several territories which do not now have UAFs in general are those in greatest need of support. As is discussed in the following sections, these states are the smallest states in population size with the least well developed service delivery systems. These areas represent ones where changes in the service system are most needed.

Another natural parallel step in the evolution of the UAF program is the establishment of a National UAF Network. The early stages of UAF development have concentrated on the building of individual UAFs. As mentioned above, it has become clear that building a coordinated network has great potential for increasing the contribution of UAFs to national needs.

In summary, **the operation of the UAF program over the past decade has provided adequate time to test the assumptions on which the program is based. The Task Force has not readily accepted any of these assumptions, but rather has critically examined them and found strong justification for each.**

FIRST:

Interdisciplinary training is a basic essential in the effort to prepare leaders and certain other personnel who will work effectively with the complex problems associated with mental retardation and other types of developmental disabilities. There is no alternative type of training which serves as an adequate substitute, given the enormity and complexity of the problem. Moreover, the need to coordinate services for each individual from among the array usually available to the client who is developmentally disabled requires training, sensitivity and expertise which correspond to the several areas of dysfunction presented by the client.

SECOND:

The federal government carries a responsibility to insure adequate manpower resources which will help deliver the various services funded via federal legislation. Just as the quantity and quality of health, education and social services (includes rehabilitation) available is now in great measure a function of the federal effort in these areas of human service, so there

should be a reliable federal role in assuring a supply of adequately trained manpower to deliver these services. States and non-public sources also have a responsibility, but the mobility of students and graduates calls for a national perspective with national direction and funding at least in part. Where the need for skilled personnel is greatest and the problems associated with effective service delivery the most difficult, the federal obligation is even clearer.

The developmental disabilities field stands out in this regard. **The UAF program has demonstrated that a properly conceived capacity building effort and investment of federal funds, which represent only a fraction of all manpower training costs, can impact on the overall capacity of State efforts.**

THIRD

Universities have multiple functions in modern society. Several of these have relevance to needs in the field of developmental disabilities, remain the most likely source of effective instruction in the major human services areas, and should continue in a prominent role in the preparation of developmental disabilities personnel. Research related to service delivery and to training itself is appropriate as is dissemination of new knowledge. In addition, and of great significance, universities have traditionally been reform or change agents within the society. Meaningful reform of the service system in the case at hand will undoubtedly require vigorous interaction with higher education.

The goal of the UAF program must be to increase university impact on the quality of life of people with developmental disabilities, through functions compatible with each university's own mission. The Task Force believes this to be the key to the program's social utility.

In conclusion, **joint participation by the federal government, state governments, and selected universities in a national program to provide interdisciplinary training to personnel who are working or in the future will work with developmentally disabled persons represents a vital contribution to a major social need.**

D. A Program Overview

The university affiliated facilities program provides interdisciplinary training of professionals and paraprofessionals in the field of developmental disabilities; clinical services to developmentally disabled clients in support of the education and training mission; clinical research; and technical consultation in assisting service agencies and consumer groups to design and implement interdisciplinary training programs for caretakers, parents, and

other direct service personnel. These activities are consistent with the original intent and present perceptions of the mission and role of the programs.

Of the existing forty UAFs located in thirty different states, twenty-one centers are significantly supported by Maternal and Child Health training funds and all but three are supported by funds from the Developmental Disabilities Office.

Because no single profession has all the skills to solve the multiple problems of mentally retarded or developmentally disabled children, adults, and their families, each university affiliated facility or program provides interdisciplinary training which incorporates the functional areas of health, education and social services. While individual program faculty vary both with respect to size and makeup, the majority have balanced representation across these three areas.

Training* is comprised of orientations, workshops, conferences and continuing education programs at the pre-service and in-service levels, as well as long term programs geared to the level and needs of the particular person being trained. Training activities include course work and seminars, but considerable emphasis is placed on clinical training and exposure to clients in actual service settings where there is a diversified clientele and a substantial volume of service provided. Training in the form of technical assistance is also a significant feature of most UAF programs.

Persons receiving training in the programs come from schools and departments of the parent university and other affiliated universities, colleges and junior colleges. A substantial number of in-service professionals, both generic and specialized, para-professionals and lay caretakers, including parents also receive some type of training. All together, over fifty disciplines are represented among the more than 68,000 persons reached during 1975.

A follow up of approximately 260 trainees who spent 160 or more hours in a UAF training program during fiscal or academic year 1972 revealed that over 95% of this group are employed, and over three-fourths of them are employed in an area related to the developmentally disabled population. The survey revealed that a sizable majority of the respondants felt that their interdisciplinary experience had contributed significantly to their work skills.

*For the purpose of the report the term "training" is used synonymously with the term "education" by the Task Force.

Intermeshing of UAF program activities into local and state service settings beyond the physical bounds of UAFs is evidenced by an impressive array of affiliations with health, education, social and rehabilitative, and policy planning agencies. While some programs apparently do concentrate on disabilities classified as "mental retardation," most of the programs count cerebral palsy, learning disability, autism, epilepsy and perception/expression disorders among their clientele.

Thirty-five UAF programs participating in a data collecting project reported approximately 53,000 clients served during fiscal year 1975. Over 197,000 evaluation services and 76,000 treatment services were provided to these clients. The client population was significantly comprised of persons under age 21. However, it is probably true that most of the disabilities treated, by definition, are discovered at a young age and, consequently, it is at that time that the interdisciplinary diagnosis and treatment offered by these programs can be most effective.

Clinical research is an important adjunctive aspect of the UAF endeavor. Research in areas related to improving the services systems, patient care, and in particular, deinstitutionalization is carried out by various programs.

SECTION II

PROGRAM ELEMENTS

In order to accomplish the three major objectives of continuity of care, interdisciplinary training, and systematic change set forward in the 1962 report of the Panel, four basic program elements have been identified in the UAF program: training, service, technical consultation, and research. Although each of these elements can be considered separately, it is necessary to stress that it is in the interrelationship and interaction among them that the unique capabilities of the UAFs are realized. The programmatic balance among these elements is an important variable in the efficacy of any individual UAF as well as in the total network effort. In the discussion of each program area, an effort is made to incorporate this concept of interdependence.

A. Training

The Task Force supports the concept and relevance of interdisciplinary training in the field of developmental disabilities, and endorses the definition of interdisciplinary training advanced by the program training directors:

> *Interdisciplinary training* is an integrated educational process involving the interdependent contributions of the several relevant disciplines to the enhance professional growth as it relates to training, service and research. The interdisciplinary process promotes the development and use of a basic language, a core body of knowledge, relevant skills, and an understanding of the attitude, values, and method of participating disciplines.

The importance of training as a program element cannot be overemphasized. The UAF in its role as societal change agent for developmentally disabled persons should retain its primary focus on the preparation of specialized manpower and leadership needed to upgrade, extend, and then maintain services to this population. UAF's must develop exemplary training models that can impact on the larger academic community as well as on the service delivery system.

In the 1962 report, the interdisciplinary training model was introduced; today the state of the art has substantially progressed so that defined interdisciplinary training objectives, core courses, and well-articulated team practicum experience exist in many of the current UAF programs.

UAF Training Objectives

The Task Force believes that interdisciplinary education is especially desirable in preparing professionals for the following settings and roles:

1. Comprehensive diagnosis and evaluation of the developmentally disabled individual for purposes of habilitation program planning.

2. Extended case management and individual program coordination (professional advocacy).

3. Training of parents and care givers.

4. Administration of facilities and systems which have a significant developmental disabilities component in their service population.

5. Community, state and national program planning and evaluation.

6. Leadership in all areas of service delivery, including policy making at community, regional, and national levels.

7. Quality assurance, including development of performance and other standards, licensing, accreditation, and specific program evaluations.

8. Teaching in programs intended to prepare students for careers in DD services or for upgrading the competence of existing workers.

To accomplish this, the UAF must provide training not only in the generalist sense as suggested in the 1962 report, but from the perspective of specialization which is in keeping with today's training trends.

Training Activities

At least four areas of activity should be the focus of UAF training: 1) training disciplinary professionals as developmental disabilities interdisciplinary specialists, 2) preparing personnel for synthesizing roles to achieve coordinated services, 3) elevating the skills of future practitioners likely to serve substantial numbers of developmentally disabled persons and 4) elevating the competence of practitioners in the field.

As noted in Section I, significant accomplishments have been attained by the UAF program in each of these areas. Many individual UAFs have distinguished themselves in one or more specified training activity. It is essential that each UAF strengthen and upgrade its training program to encompass the four basic training activities, particularly in relation to the continuum of care concept embodied in the 1962 Panel's recommendations.

1. Training Disciplinary Professionals as Developmental Disabilities Interdisciplinary Specialists

Professionals should be trained who will function as specialists in the interdisciplinary approach to provision of developmental disability services. These persons should have (1) expertise in their basic discipline, (2) ability to engage in a cooperative utilization of these skills in an interdisciplinary setting and (3) understanding of the role and functions of other disciplines in this setting.

Professionals must be available who have been trained specifically to work in the developmental disabilities service system or in its supportive network. All graduates of UAFs should (1) be competent in a base discipline, (2) be able to apply their disciplinary knowledge and skills in programs for the developmentally disabled; (3) understand the role and contributions of other disciplines to the services required by the developmentally disabled; (4) work effectively in an interdisciplinary group and (5) possess a conceptual framework which serves to articulate the functional areas represented within the human services network.

An important and integral part of this training function is the recruitment of qualified students into the program.

2. Preparing Personnel for Synthesizing Roles to Achieve Coordinated Services

In addition to practitioners with a strong disciplinary identity who work within an interdisciplinary context in a collaborative or communicative mode, **trained personnel are needed who can work across the traditional systems of health, education and social services.**

Specifically, there is a need for people to assume roles as policy makers, administrators, evaluators, planners, legislative staff aides, and consultants to the courts, who are not strongly or uniquely identified with a single system. Secondly, there is a need for case coordination or trained "personal representatives" for those clients for whom an individual habilitation plan with multiple components is appropriate. Thirdly, there is a need for trained caretakers (natural parents, foster parents, group home house parents, and other direct care aides). Training programs for care givers must be widely available and dispersed. Hence UAFs cannot be the main or only suppliers. However, UAFs should develop and test training methods and curricula and train trainers of caretakers.

In order to accomplish this:

Several UAFs, strategically distributed, should be assisted to develop

capacity for pre-service training or in-service training for middle management and higher level administrators, planners and policy makers.

Several UAFs should develop programs to train case coordinators or personal representatives including those who can stand free of provider agencies.

Within five years all UAFs should be training trainers of caretakers. Guidelines for curricula and methods should be prepared and disseminated as soon as possible and media and materials (currently validated and to be developed) should be distributed widely. In order to prepare trainers effectively, a UAF should have affiliated with it or in it a parent/caretaker training program in which actual parents and caretakers are prepared for their tasks and are encouraged to evaluate the effectiveness and acceptability of methods being developed.

3. Elevating the Skills of Future Practitioners Likely to Serve Substantial Numbers of Developmentally Disabled Persons

Professionals who provide specific human services to the general population also should receive training in serving developmentally disabled persons. Students trained in specific professional disciplines later will serve a general population which includes developmentally disabled persons. If they have acquired expertise in the application of their professional skills to developmentally disabled persons, their service capability to these persons will be enhanced, the need for referral will be reduced, and when necessary, accomplished more effectively.

Orientation to the needs of developmentally disabled persons should be provided for undergraduate students enrolled in human service programs. UAF faculty should cooperate with undergraduate faculty in the planning and implementation of this training.

. If individuals entering human service programs accept and understand the needs of developmentally disabled persons, later, as professionals, they are most likely to provide services to meet these needs. The UAF faculty should consult with undergraduate faculty over the addition of developmental disabilities material in relevant course work and should be willing to serve as resource persons for activities in this area.

It must be pointed out though that UAFs are only one source of the required manpower in the developmental disabilities area. These programs should have only an indirect role in supporting the primary or basic education of these persons who will become professional "generalists," for example. The appropriate department – not the UAF – is responsible for the quality of the basic social work, clinical psychology, or vocational

rehabilitation programs. Moreover, large numbers of caretakers and paraprofessionals are required in the provision of services to developmentally disabled persons and their education likely will occur in community colleges, four-year colleges, or in different sections of the university, as well as in the UAF.

Wherever possible, the UAF should provide technical consultation to these programs and train people to become future faculty for those critical positions. Thus, while the prime responsibility for the preparation of caretakers and other paraprofessionals falls outside the purview of the university interdisciplinary programs, UAFs should play an active role in curriculum development, technical assistance, and the training of trainers.

4. Elevating the Competence of Practitioners in the Field

In order to update and extend the competence of practitioners who serve developmentally disabled persons UAFs should develop and maintain continuing education programs where the interactive process involved in interdisciplinary training is an integral part of the programs.

Continuing education, i.e., a developmental disabilities educational program provided through a university's continuing education division, should be used as the primary method for elevating the competence of practitioners in the field and for furnishing the training required for promotion up the career ladder. Topics which will interest numerous disciplines should be provided. The approach can be used to convey information about, and demonstrate the interactive process that is the core of interdisciplinary education.

Continuing education formats should vary from short intensive seminars designed to update knowledge and skills in a particular area to more comprehensive credit awarding courses. Continuing education activities should also encourage and stimulate interaction between the members of the university's interdisciplinary education program and those who staff the service delivery programs. Specific courses should be developed and taught jointly in direct response to the needs of the service system.

For practitioners who already have advanced degrees in a major discipline, UAFs should provide content for refresher courses offered by professional societies and professional schools.

5. Other Potential Training Roles

Along with the four major training activities seen as imperative for UAFs, the Task Force has also identified several special concerns around other potential training roles for the UAF.

The Task Force believes that greater stress must be placed on training an increased number of developmentally disabled adolescents and adults to hold productive jobs in competitive, semicompetitive and sheltered employment. The implications of this for professional manpower development programs are manifold. For example, it is clear that a new constellation of professional and paraprofessional skills will be needed to apply learning and reinforcement principles which grow out of behavioral technology and to make precise modifications in the work environment. **The university affiliated facility in cooperation with schools of rehabilitation counseling and vocational education, should take the lead in developing the interdisciplinary curriculum and training programs which will be necessary to prepare such a new breed of professional and paraprofessional specialists, with special reference to the most severely disabled persons.**

In general there is a need for UAFs to maintain closer contact with trends in community and institutional programs and the resultant manpower demands which are being generated. Indeed, the 1975 amendments to the Developmental Disabilities Act requires UAFs receiving assistance under the legislation to move in this direction. This objective can only be accomplished by maintaining affiliations with a wide range of community and institutional service providers and by developing a more systematic approach to assessing current and future manpower requirements.

The influence of funding sources in the development and fulfillment of program goals is not receiving sufficient emphasis in the preparation of future professional workers in the field of human services. **It is particularly important that future clinicians and managers in areas such as developmental disabilities, where multi-source funding is often a fact of life, understand how such resources can be effectively integrated. University affiliated facilities should take the lead in designing appropriate curricular materials and establishing pilot courses which address these needs.** Some of these specialized centers should serve as regional resources covering several states. The expertise of these centers should be available to other UAFs in the region.

Summary

To adequately fulfill the training objectives and activities already discussed, **the UAF must have faculty representation from each of the major functional areas of health, education, and social services.** Other major areas, such as law and public administration, while optional with any one program, should be represented in the overall network.

Faculty in the UAF should be highly competent in their respective disciplines, should represent their department in the interdisciplinary program, and should coordinate the interdisciplinary training available to students from their disciplines.

In the absence of a faculty representative from a particular relevant department in the UAF linkages with that department should be made. Such departments should be expected to obtain or train a member with interest and expertise in developmental disabilities.

Interuniversity and Intrauniversity Outreach

UAFs should establish linkages with appropriate collegiate programs outside their parent universities to augment or complement their interdisciplinary span or to broaden the base of potential students for the field.

Affiliations with community or junior colleges should be given special attention to increase the number of students in these schools who will be given opportunity to gain skills in developmental disabilities.

Each UAF should reach out to departments within the university which are not a formal part of the interdisciplinary program and seek affiliations with those departments to provide guest lectures, audio-visual materials, minor curriculum modifications, student consultation and to stimulate student interest in problems associated with developmental disabilities. For example, where the law school is not represented in the UAF faculty, every effort should be made to provide law students with some exposure to developmental disabilities issues. As a corollary, both UAF faculty and students should be given an opportunity to examine and discuss such legal issues as the rights to education and treatment, and the concepts of equal protection and due process.

Summary – The Training Roles of UAFs

University developmental disability interdisciplinary education programs should provide specialists for practice in the network of generic and specialized services for persons with developmental disabilities. Priority should be given to trainees who are or will be responsible for the evaluation and planning of habilitation programs, extended case management (advocacy), program administrators, systemwide planners, quality assurance specialists, and faculty required by community and other college developmental disability manpower programs. UAFs should also assume a leadership role in increasing the quantity and quality of caretakers and other paraprofessionals who are involved in the direct provision of services to developmentally disabled persons. Influence on the system, not numbers, will be the main measure of success in a wide range of endeavors.

In addition to producing the interdisciplinary specialists, UAFs should work to elevate the competence of future professionals who are likely to serve substantial numbers of developmentally disabled persons in their future practice and the skills and knowledge of practitioners already in the field through continuing education programs. UAFs should also seek to improve the sophistication and acceptance of developmentally disabled persons among students in all the human service disciplines.

Every UAF should conduct an ongoing assessment of the extent to which its own trainees are continuing to contribute to the accomplishment of the developmental disabilities service mission, and the extent to which its training priorities address the deficiencies in manpower experienced or projected for its primary areas of responsibility. Although the main focus of the UAFs must be in the areas stressed above, **the Task Force recommends that input from the states should determine selected manpower needs for any additional training efforts.**

B. Service

While interdisciplinary training should be the primary function of UAFs it cannot be carried out unless there is the opportunity for observation and practice in settings where direct services are delivered to a diversified clientele in substantial volume. To impact on the concept of continuity of care, service programs operated by UAFs must be accountable components of the overall service delivery system. Developing model service programs for community replication is extremely desirable. **Direct client services should be well integrated with the training activities and should include those services and activities most directly related to the training functions in which the UAF places emphasis.**

Emphasis should be given to training affiliations with a wide range of direct service agencies in the community or region. Such affiliations will strengthen working relationships among UAFs and elements of the service delivery system, will provide students with more realistic clinical work, and will increase sensitivity of students and faculty to developments and trends in the delivery of services.

Whether provided directly by the program or indirectly through community affiliation UAF services should employ the most advanced techniques and be worthy of replication. Students should be exposed to the most advanced techniques in the hope that they will later work to improve existing techniques and methods in the service delivery system.

Strong need remains for on-campus service programs as well. These services are essential both to the program's immediate training effort and to the important goal of exposing the university community to problems associated with developmental disabilities. For example, medical students should have greater exposure to mental retardation problems. Many receive

too little during their training. UAFs where they exist today, usually address this problem effectively using on-campus service programs. Such efforts should be increased.

The UAF as a part of the total service delivery system should offer tertiary diagnosis, evaluation and assessment to developmentally disabled persons who, due to the unusual nature of their condition or manifest behaviors are unable to be served through primary service units or clinics. The multitude of existing diagnostic clinics cannot each be expected to maintain the staff or equipment required in the diagnosis, evaluation and programming of difficult cases. The role of the UAF in this regard should be to strengthen the overall system by providing tertiary diagnosis, evaluation and assessment. There is great need for backup centers which have the capacity to deal with difficult cases and are accessible to persons requiring such services. Some UAFs should be equipped to provide these services, others should establish working relationships with agencies that can deliver this level of service.

Concomitantly, since higher education is not in the service delivery business for its own sake, expectations in this regard must be realistic. While many of the existing UAFs have on their staffs experts knowledgeable in various aspects of diagnosing, treating and training developmentally disabled children and adults, it is difficult to conceive of any single UAF functioning as a true comprehensive care system, i.e., as the major service provider in a defined catchment area. The hope is that universities will increase their utility as providers of needed services while fulfilling their training mission, but not at the expense of that mission.

Another reason for care in assigning direct service responsibilities to UAFs lies with increased public concern with the rising costs of health and other human services. Legislatures are increasingly wary of subsidizing research and training under the guise of inflated patient care costs. Teaching and research costs must be separated from those associated with direct services to justify their continued public support.

The UAF as a productive participant in the overall training-research-service effort for developmentally disabled persons must be an integrated part of the total service system and should reflect joint planning with responsible community, state, and regional service agencies as well as with consumer groups. It would be desirable for UAF programs to establish, on an individual basis, some type of Advisory Council that would include private citizens and membership of agency persons to insure feed-in by consumers.

C. Technical Consultation

In relation to their training mission, university affiliated facilities should

share program resources and expertise through the provision of technical assistance and consultation to public and private agencies, service providers, councils and other organizations on such matters as are within their competence. This will also impact substantially on the continuity of care concept.

Such assistance should include problem analysis, development of in-service training curricula, the conduct of surveys and service needs assessments, development or review of publications and audio-visual materials, design or conduct of evaluations, assistance in applying new techniques of service, use of electronic data processing methodologies, as well as clinical consultations and other traditional means of translating knowledge into practice.

Many advanced diagnostic, intervention and treatment strategies as well as advanced management practices appear in the university setting before they are carried into practice elsewhere. UAFs have a responsibility to reach out to service providers and the various public and private agencies to seek partnerships in the effort to transmit the latest techniques to the service delivery system and the agencies tied to that system.

The needs of the system are broader than for direct service personnel. UAFs should increasingly seek to identify how their training programs might better respond to the various needs in the system for personnel prepared for indirect service roles, such as administration, planning, evaluation, systems management and related areas so noted in the training section. This process is in great measure one of technical consultation with those service providers and agencies which have the most knowledge about the system's needs.

Maximizing the utility of university training programs in any field requires vigorous interaction and dialogue between the trainers and those who put theory into practice. **Each UAF should set as a high priority goal the establishment of clear lines of communication with major service providers, service agencies, and the various councils, boards and agencies in the private and public sectors in the community, state and region.** While the need for such communication relates to all aspects of the program's mission, it is especially critical in the case of technical assistance and consultation.

Once such channels of communication are in place, they should be used to establish realistic mutual expectations. Those who look to the university-based program for assistance should not be encouraged to expect equal support in every area, **both the UAF and the agency or service provider should understand the limits of the UAF's ability to deliver technical help** just as the service components are limited in their ability to provide practice in all areas. **The Task Force is concerned that present**

expectations relative to the technical assistance function of the UAF program are unrealistic. While greater efforts to strengthen this component of the program's mission are called for, care must be taken to avoid the impression that UAFs have answers for every question, or that they can provide appropriate technical consultation in the case of every need evidenced in the service delivery system.

D. Research

Every UAF should include in its training and practice application of the scientific method to practical problems and decision making. Research is fundamental to the development of new knowledge and the discovery of new applications of existing knowledge. UAFs are encouraged to include more extended applied research both as direct contribution to the field and as an activity in which students are involved in on an interdisciplinary basis as a part of their training experience.

Each program (especially those in close proximity to mental retardation research centers, comprehensive epilepsy centers, institutes of physical medicine, or psychiatric institutes) **should commit itself to a planned effort to identify, evaluate, refine and apply significant new findings as they are made known, both through technical consultation activities and through the training of students in the on-going process of identifying and applying new technologies and perspectives in practice beyond the university setting.**

UAFs should promptly share research findings, both positive and negative, with the entire UAF network and the general community.

A research atmosphere in UAFs will attract high caliber faculty and will encourage the application of research design in actual service programs. Students exposed to an ongoing effort to apply new research findings to practice will likely continue to seek to bridge the gap between research and practice. Much as UAF trainees should learn to understand how their *training* relates to actual service provision, they should be given every opportunity to understand the value of research and the problems associated with translating research findings to practice.

The Task Force emphasizes that the UAF program's role in research should be carefully defined in each case. Research in the UAF, while a vital and necessary function, is an adjunctive mission. Just as the provision of direct client services in the UAF should be considered in the context of the program's primary mission of training, **research activities should be focused primarily on those endeavors which support the central training function of the program.**

UAF Program Relationship to Mental Retardation Research Centers Established Under Public Law 88-164

By virtue of commonality of interests, legislative origins, and in most instances physical location, the twelve major mental retardation research centers located throughout the nation should be considered in this examination of research aspects of the UAF program mission. These twelve research centers whose central focus is basic research receive federal support from a number of institutes in the NIH. However, their core support, administered by the National Institute of Child Health and Human Development, is substantial and has a stabilizing influence.

These multidisciplinary centers were established to address, on a systematic and long-range basis, the many factors that impact upon the condition of mental retardation. They have made substantial contributions in the areas of identification of genetic disorders prior to birth, the arrest or reversal of some metabolic imbalances leading to mental retardation, and the establishment of conditions that prevent retardation stemming from social-environmental causes. Several have made major contributions to our knowledge of behavior and educational technology.

Quite obviously, **it is desirable that there be as much cooperation and collaboration as is feasible between UAFs and research centers.** Where both programs are present at the same university, the opportunities for cooperative efforts are much greater. Ten universities have both programs present in a variety of configurations and with little consistency of pattern in their relationships. Of those ten locations, a number include UAFs and research centers as part of the same facility. This physical (and usually administrative) contiguity has been highly instrumental and productive in providing good research background for UAF training, while the clinical experience of the UAF has stimulated and focused research activities on problem areas of interest to clinicians.

The difference between these programs may not seem great to the public, but they are significant and important. Research activities in UAFs focus (and should increasingly focus) on problems which emerge from the clinical treatment experience of these programs. The research centers, on the other hand, investigate everything from the single cell to complex community intervention programs and sponsor a variety of controlled studies aimed at modifying the physical and social environment to the advantage of mentally retarded persons. The research centers are involved in more basic research that need not be tied to a training-service mission as is the case with UAFs.

For the research centers, interaction with service providers is less direct than in the case of the UAF program. Consumer representatives are less

likely to look to research centers for tangible, immediate results or activity than to UAFs with their clinical and community-based programs. Finally, the research centers have retained mental retardation as a focus, while UAFs (at least those supported by the Developmental Disabilities Act, which at this time includes *all* federally supported programs labeled UAF except *one*) have as their focus "developmental disabilities," which, of course, is defined to include certain other conditions in addition to mental retardation.

The above distinctions considered, **it is still essential that a number of the points these programs have in common be remembered, and that they each seek additional ways to work together in these contexts. This is especially important at those locations where both programs are present.**

SECTION III

PROGRAM OPERATION: TOWARD A NATIONAL NETWORK

The first years have led to the development of strong individual UAFs. There has been, however, a great deal of autonomy and diversity in UAF generation. The next phase of program development should have two goals: (1) strengthening the quality of individual programs to meet national standards; and (2) Establishing national-level guidance and direction to program growth which will link UAFs in concert to deal with specialized national needs.

To achieve the first goal, immediate emphasis on establishing program accreditation is recommended. To achieve the second goal the following actions which are each broader than individual UAF activities are recommended:

- Establishment of Policy Research Institute
- Development of a National UAF Network
- Comprehensive Program Evaluation

A. Program Accreditation

A private certifying body should be created to provide for a peer review mechanism to insure the program quality of, and to accredit, university interdisciplinary programs in developmental disabilities.

The accreditation process should be funded in part by the federal government and/or private foundations. In addition, the accreditation process should be supported by fees which will be assessed for the specific program certification activity.

The accreditation or certification team which will make the initial examination, review and recommendation on each program should include broad representation from various categories and groups to be determined by the accrediting body. Persons on this team should be selected to avoid conflict of interest in terms of the university or program being reviewed, immediate geographic representation, etc. A roster of outstanding leaders from selected disciplines who have demonstrated a competence and understanding in interdisciplinary education should be maintained from which persons will be selected to serve on individual site visit teams.

The Task Force concludes that a peer review and accreditation process is needed to insure program adherence to certain criteria and minimal standards of quality. The body charged with providing the peer review mechanism and accrediting programs should be other than a governmental agency, and to assure objectivity, should not be affiliated in any direct way with the American Association of University Affiliated Programs in Developmental Disabilities (AAUAP).

The system of single discipline accreditation is not adequate to establish and formally recognize standards of quality of an interdisciplinary program, since it is the interdisciplinary process itself that is the subject of review. The certifying process for the interdisciplinary program should, however, complement or supplement existing mechanisms of credentialing components within the program. The university or institution which houses the interdisciplinary program, for example, should be recognized by the appropriate postsecondary commission or regional accrediting association. The disciplinary aspects of each program should be accredited by existing national specialized or disciplinary accrediting agencies and associations. The service components of each program should be similarly certified and licensed by the appropriate accrediting body. Primary responsibility for obtaining institutional, disciplinary and service accreditation from existing accrediting bodies should rest with the sponsoring university.

While it is important that the accrediting body not be under the control or direction of individual UAFs or the program's association, the association's membership eligibility process relates directly to program certification, as does the association's effort to establish a database for the network of programs.

The American Association of University Affiliated Programs should assume responsibility for initiating the establishment of the private certifying body, but at the earliest date, such a body should become organizationally independent.

The association should develop standards by which to define and judge the interdisciplinary approach exemplified by the program. Such standards would be suitable for use by the private accrediting body.

Standards should be developed with reference to the program mission set forth in the preceding chapter. Consistent with recommendations which have been set forth relative to program mission, the Task Force suggests these guidelines for measuring program acceptability:

- The goal and mission of each program should be related to the overall mission of the national program.

- The program should include an interdisciplinary training mechanism.
- Disciplines in the health, education and social service functional areas should be represented among faculty.
- Students in the health, education and social service disciplines should be involved.
- The service settings should provide opportunities for interdisciplinary training in health, education and social service areas.
- The service program to clients should be exemplary.
- Existing community service facilities should be used for training experiences in addition to on campus facilities when possible.
- A substantial breadth, volume and variety of clients should be represented in the program's training functions, both to offer an appropriate training environment for students and to upgrade and maintain the clinical skills of the faculty.
- There should be evidence that the program's specific training and service goals have been developed in concert with the major state service agencies and state higher education coordinating authorities in the state.
- The program should be responsive to the manpower needs of the country, region and local area. Each program should maintain follow-up records of employment experiences of its graduates and insure the continued utility and effectiveness of the training program.
- There should be evidence that information on the outcomes of education are related back to the curriculum and educational process.
- Research or technical consultation activities conducted by the program should be relevant to state needs and/or to the national program as well as responsive to local needs.
- Specific criteria should be met by programs designated as resource centers (See page 9; also, see Section I, p. 11, Section II, page 10.)

Consideration should be given to the possibility, need and utility of providing a credential to persons who have received substantial specialized interdisciplinary training in a UAF. The purpose of the credential should be, among other things, to make such persons and their special competencies more clearly known to potential employers.

Activities of the proposed accrediting body should be conducted whenever possible in conjunction with existing disciplinary, institutional and service accrediting groups, as well as with the appropriate agencies of the federal government and private sector.

There should be regular review of curriculum and the educational process at each program in the context of the mission and goals of the national UAF network and the more specific individual program's mission.

Existing UAFs should be reviewed within a reasonable period of the time after the establishment of the certifying body to determine if they meet the standards set.

Any existing UAF which, on the basis of self-evaluation or of initial review for accreditation, appears unlikely to achieve accreditation as a university interdisciplinary program in developmental disabilities should be assisted to move toward an appropriate role as a component of the manpower and/or service system. In such case, federal assistance from an appropriate source should be structured to maintain whatever meritorious activities may characterize the program.

Programs which have potential for accreditation should be assisted by the Association to meet the criteria established. The Association should devote its greatest effort to elevating all of its members to a level of program quality compatible with accreditation, but should give attention as well to strengthening those developing programs which have promise.

B. Policy Research Institute

The Department of Health, Education and Welfare should initiate the establishment of an institute for policy analysis and research devoted to issues in developmental disabilities. Such institute should be established outside of the federal government and should focus on broad issues in the field.

A majority of the members of the Task Force agreed that a quasi-governmental body devoted to research and analysis of issues in developmental disabilities would provide continuity of analysis in the field and could serve to highlight ways which problems in the field might be more effectively addressed. The focus of the institute should be on long-term issues, including deinstitutionalization; national manpower needs in the context of national goals such as deinstitutionalization; normalization; mainstreaming; needed legislative change; and changes in public policy as reflected in court rulings and the implications for the field.

The Task Force believes that the institute would serve as a resource for the Congress and the executive branch. The institute should pull together and synthesize the several separate activities that are carried out by various committees and agencies within the government.

Because the demand for skilled personnel in the developmental disabilities field will likely continue to exceed the supply in the foreseeable future, UAF educational programming and program expansion must be planned more judiciously. The institute should design and recommend a national system to monitor and evaluate the changing need for and the supply of various types of developmental disabilities manpower. Such system should include comprehensive manpower needs projection capabilities at strategically located UAFs.

There was concern expressed by members of the Task Force about the probability of success of an institute of the type proposed, and concern that the recommendation itself is broader than the scope of the Task Force Report.

Consensus was reached, however, that the most efficient functioning of the UAF program depends on the nation's effectiveness in dealing with all issues in developmental disabilities, and that some national locus for analysis and discussion of long-range issues is necessary in this regard.

C. A Cooperative National UAF Network

The Task Force is concerned that there by systematic planning with respect to establishing new university interdisciplinary programs and strengthening existing ones. Clearly, the present UAFs vary considerably in complexity, major thrusts, disciplines represented, types and numbers of students and clients, and size.

As a long-term goal, the Task Force recommends that each state should have the opportunity to develop at least one University Interdisciplinary Program in developmental disabilities. Each of these state programs should have minimal characteristics including core faculty of various disciplines in the specified functional areas, a range of clients and students and potential for accreditation.

Certain states do not now have full resources to develop new UAFs or to strengthen existing programs.

Where certain states do not now have full resources to establish a "basic" UAF, state and federal resources should be made available to support development of a viable program, if desired by the state and an appropriate university.

Several programs may have specialized resources or specific characteristics which enable them to provide unique training, service, technical consultation, research or other functions.

Certain UAFs should be encouraged to develop specialized resources beyond the basic requirements as a contribution to the collective mission. The national network of UAFs should cover all the program characteristics outlined in this report even though it will not be possible for each UAF in each state to be equally proficient in all aspects of the mission.

In order to utilize expertise and resources to the best advantage in the national network of UAFs, certain programs should be recognized as topical resource centers and certain programs should be recognized as geographical resource centers. Certain programs, of course, may have the resources to be both a topical and geographical resource center.

While each UAF should not necessarily have the capacity to do manpower needs assessments, certain of the topical resource centers should focus on that activity. Such assessments should be the basis for planning additional UAFs.

D. Comprehensive Program Evaluation

The Department of Health, Education and Welfare should support the establishment of a comprehensive evaluation program to (a) compare graduates of university interdisciplinary programs in developmental disabilities with graduates of specialized or traditional disciplinary programs, and compare the relative effectiveness of such graduates in actual work settings; and to (b) compare the relative effectiveness of graduates among the various UAFs.

The need for the comprehensive evaluation program is two fold. First, the impact of the national program, and the value of interdisciplinary training in the developmental disabilities field, need to be determined. Second, reasons for any significant differences in the effectiveness among former UAF trainees should be sought.

SECTION IV

RESTRUCTURING GOVERNMENTAL PARTICIPATION IN THE PROGRAM

A. Administering Agency

Continued federal support of university-based training programs is essential in the effort to more adequately address the various service needs of developmentally disabled persons.

There is a great need for a greater effort on the part of the federal government to address certain administrative and programmatic aspects of all UAFs with uniformity and one voice. Program designation responsibility, as a primary example, must rest with one agency. Program coherence and consistency is inherently impossible so long as authority to establish, designate and control UAFs rests with more than one agency of government.

To improve the administration of federal support one agency within the Department of Health, Education and Welfare should be designated the administering agency for university interdisciplinary programs in developmental distabilities.

Foremost among the functions of such designated agency should be control of the process of designating additional training programs as UAFs for purposes of eligibility for federal funding under that designation. Unless the process of formal program designation is directed and controlled by one agency, with understood and accepted criteria used as the basis for such designation, the UAF programs' coherent national mission and purpose will be diffused.

B. New Directions in the Administration of Federal Support

Changes in emphasis within the present federal UAF support system are needed to accompany the more focused management of the support by a single administering agency. Such redirection should center around several issues:

- Program identity and support required to ensure minimal adherence to overall mission.
- Coordination of multiple agency funding.
- Representation of target population within programs.
- Geographical distribution of programs.
- Funding required.
- Cost projections.

1. The Minimal Program and "Core" Support

As a corollary to the concept of an administering or "lead" agency within the government for the UAF program, "core support" should be recognized as an essential in the designation of and continued support of university interdisciplinary programs by the lead agency. The Task Force suggests the use of the term "core grant" to include support to cover those costs essential to administering a program which meets minimal requirements for federal funding. Specifically, core support should cover basic administrative support and also provide for minimal faculty representation in the health, education and social services disciplines.

It is the intent of the Task Force that all UAFs meet minimum standards for training, service and other areas of responsibility as discussed.

Also, as discussed below, multiple funding is appropriate.

To implement these recommendations, core support must be provided by a single lead agency. It is intended that core support be adequate to cover basic administrative, minimal faculty, and other essential costs associated with program initiation and maintenance. However, the Task Force emphasizes that core grants should be awarded only where there is promise of basic program support. Core support should not be construed as sufficient to justify program initiation without the likelihood of additional support from other federal, state, local or other sources.

Such grants should be awarded by the UAF administering agency, and only where there is evidence that the necessary program nucleus will be present and essential mission components will be reflected in the program. Faculty representation in the three major human services areas of health, education and social services should be a documented foundation for the interdisciplinary training program. Direct services to clients, both on and off campus, should be an integral part of the training program, both to reduce the "ivory-tower" atmosphere for students (and faculty) and to more adequately prepare graduates to meet the hard realities of the field. The demonstration of exemplary services for purposes of encouraging replication within the service system and to expose students to the most advanced techniques of service delivery should be a capability of the program desiring core support.

Formal linkages with service providers or agencies in the community or region should be at least in the planning stages to warrant core support eligibility. These linkages will strengthen the program's training effort greatly and will provide direct impact on the service delivery system.

Selected technical consultation should be available from the program to agencies, councils and various groups which might draw on the university-based program's resources. Clear delineation of the program's capabilities in this regard should occur early to avoid inappropriate expectations on the part of the system to which the program will relate.

Evidence of a commitment to clinical research should be present as a final indicator of program eligibility of core support.

Core grants should have some period of predictability greater than one year. A three-year cycle is recommended to afford programs an opportunity to show evidence of capacity building and ability to attract local support.

A university locus or base for the individual program is a prerequisite to an award for core support. In the future, such locus should be a condition of the awarding of a core grant. This is not to place any existing program at a disadvantage. Rather, it is suggested that greater organization or administrative consistency within the network of programs must be brought about. A university locus is fundamental to the program mission.

A peer review group should be established within the organization structure of the administering agency to ensure that minimal core program components are present before federal funding is awarded. This panel should include multi-disciplinary representation and be similar to the model currently employed by the National Institutes of Health. Decisions should reflect relative merit of proposals and degrees of adherence to program mission.

In summary. **Core grants should not be awarded where there is slight chance of building an adequate interdisciplinary program which will meet minimal requirements in each component area of the overall program mission.** Core grants, defined to include such basic program support as will ensure support for those essential components necessary to carry out the mission, should be awarded by a lead agency within HEW. **The award of the core grant should be the method of formal UAF designation for federal funding eligibility purposes.**

2. Coordination of Multiple Agency Support

The Task Force finds no realistic alternative to multiple federal funding of UAFs in view of the wide range of needs of developmentally

disabled persons, the interdisciplinary approach required by that range of needs, and the categorical nature of most federal programs. Indeed, these considerations provide justification for a more vigorous effort to expand and base of the UAF program's support rather than one to consolidate all funding in one agency.

In addition to essential administrative and minimal faculty support provided through core grants, it is recommended that UAF program support be provided by one or more agencies within the federal government. Such grants should build on amounts contributed by awards of core support, and should provide funding for those program components identified in the program's core grant proposal.

To ensure adequate integration of various federal funds within one program, a UAF coordinating committee should be brought together by the UAF administering agency. The administering agency should function in frequent consultation with other agencies providing support for UAFs, especially around the issue of program designation. In addition to permitting inter-agency consultation and review prior to the designation of any additional programs, the committee should periodically review all UAFs which receive federal support from more than one source. The committee should be chaired by the UAF administering agency.

The Department of Health, Education and Welfare has sought to coordinate UAF funding on past occasions by bringing representatives of the funding agencies together for discussion purposes. The effort has been ineffective, and UAF directors have reported that conflicting directives from HEW agencies is a leading distractor from their program's effectiveness. The Task Force doubts whether any such effort can be effective without certain authority placed with the UAF administering agency and exercised in an environment that ensures full communication and exchange of ideas and discussion of differing agency mandates.

3. Target Population Representation Among Programs

Federal funding should increasingly focus on interdisciplinary programs to train personnel needed to serve adults who are developmentally disabled.

The federal government should give priority in additional funding to those otherwise qualified present or potential UAFs which can and will implement interdisciplinary programs to:

(1) Train personnel needed to serve adults who are developmentally disabled, and
(2) Train personnel along the entire continuum of care in those regions presently without significant access to an interdisciplinary program.

The Task Force is concerned that university affiliated facilities adequately respond to the documented shift in the age distribution of our nation's population. Moreover, trends away from institutionalization and litigation which is having the effect of expanding services for retarded and disabled persons dictate a more vigorous effort to expand federal programs to the adult population.

The history of the university affiliated facilities from 1964 to 1976 shows that clinical programs for children, especially those oriented toward comprehensive diagnosis and early treatment, have been developed more extensively than have programs for adults. A few programs appear to have focused on children with mild or transitory handicaps to the disadvantage of children and adults with complex and intractible problems.

4. Geographical Distribution of Programs

The present distribution of UAFs is probably more reflective of the relative sophistication of certain areas of the country and the leading universities in those regions. While it is proper and appropriate that the nation's leading institutions of higher learning take the lead in the demonstration of such an innovative approach, a much stronger effort to extend the program to those areas less likely to be competitive with the more resourceful areas in the country is warranted and overdue. The greatest benefit of the program is likely to occur where the need for change and reform in the service system is the greatest.

The Task Force recommends select program growth and expansion to permit attaining a minimal program impact nationally. Present geographical distribution of UAFs together with the variety of sizes and types of programs leaves serious gaps in several areas of the country.

To address these gaps, the Task Force recommends the following criteria for UAF program expansion:

- Each State should have at least one university interdisciplinary program which is affiliated with its system of higher education and has well defined linkages with the State's system of service delivery.
- Larger States should have more than one such program, with a general rule that one program should be established for each three million population. The distribution pattern of such programs should recognize the distinct regions or population centers which exist within the State.

As an additional dimension to program growth or expansion, it is recommended that certain programs attain recognition in specialized areas

of work, while others be designated with a regional geographical responsibility. The Task Force recommends that one "topical resource center" and one "regional resource center" be located within each HEW region.

Responsibilities of "topical" resource centers would include providing training in subjects such as public policy formulation, genetics, and computer technology. Regional resource centers are needed to provide coordination of UAFs within the region, monitoring and maintenance of regional resource data, and to arrange technical assistance and consultation regionwide using all resources available.

5. Funding Requirements

Budget requests and annual appropriations for UAFs should be substantially increased to permit the programs to carry out the designed mission.

The mission recommended for university affiliated facilities reflects the characteristics of the population known as developmentally disabled, including their special service needs. Consequently, the program mission must be comprehensive, spanning all age categories and all levels and aspects of the service system.

Because present UAF program support comes mainly from the Office of Maternal and Child Health, the program reflects the focus of that agency. "Interdisciplinary" in this context has a health focus, training centers of professionals in health related fields, and trainees receive limited exposure to adult clientele.

To effectively address the need for personnel at all levels and stages of the service delivery system, including personnel required to establish and maintain community-based alternatives to institutions and personnel assigned to day-to-day responsibility of care of adult retarded persons, UAFs must be more realistically financed. The variety of professionals and paraprofessionals needed, the needs for habilitation, treatment, care and continued follow-along of clients, in addition to the more traditional diagnosis and evaluation provided in clinical settings represented by some of the larger UAFs, all call for a larger funding base for the program.

Since 1972 when limited funds were first appropriated for the UAF program from the Developmental Disabilities program, that funding has remained constant. The child health focus of the larger UAFs is a function of the absence of significant federal funding other than Maternal and Child Health.

Greater effort must be made by the Department of HEW to assist programs in meeting the costs associated with services to support training.

The importance of providing access for both faculty and students to suitable mixes of developmentally disabled clients in sufficient numbers requires more attention to funding from federal sources for direct personal services and a more flexible policy with respect to the programs' authority to enhance their support by collecting fees, especially from third-party payors.

The Task Force was struck with the wide variation in the volume of services reported by the various programs in the data gathered for this analysis of the UAF program. Clearly, a number of the present UAFs should be providing students with exposure to a greater volume of direct services to clients.

Most UAFs face budgetary limitations which make adequate service provision difficult to achieve. The major (in most instances only) source of service funds for UAFs, at least to the knowledge of the program directors, has been the Maternal and Child Health Office. Most of the MCH-UAF training grants have been awarded in close connection with existing MCH clinical facilities for mentally retarded children.

The Task Force believes that federal support must in the future be more sensitive to the serious problems faced by these programs in financing necessary service delivery efforts. **At the same time, UAFs must accept greater responsibility for independently building up their service bases using local support.**

6. Projected Cost for Nationwide UAF Coverage

The UAF network recommended in this report requires that the following goals be met:

- Each UAF must have core funding and at least a basic program.
- There should be a UAF in each state.
- Densely populated states with a heterogeneous distribution of population may require more than one UAF.
- Topical and regional resource centers can advantageously be built upon selected UAFs.

This section describes the funding implications of these goals.

a. Basic Program Requirements

Each UAF must have a cadre of core faculty and administration to assure continuity of programing within the university and the community. Present data indicates that the core faculty and administration would annually require approximately $250,000 for each UAF.

The core faculty and administrative capability would structure a broader "basic" program for each UAF. The basic program has been described earlier as providing interdisciplinary training with faculty representation beyond the core capability in the three major service clusters; services related to the teaching objectives and tertiary backup to the community; technical consultation and outreach and research to improve service provision. **It is estimated that these activities would require approximately $500,000 for each UAF in addition to core support. It is recommended that core support be furnished by the HEW lead agency and that basic program support be provided by various federal agencies.** Basic program support would typically span several agencies and would vary in nature and size across UAFs. (Note that the Task Force has made *no* recommendation as to which HEW agency would assume lead program responsibility.)

b. Regional and Topical Resource Centers

Each region has special needs. They include coordination among the UAF's in that region, monitoring or maintaining regional resource data, arranging for technical assistance or consultation, and using resources from UAF's within the region. **It is recommended that one such regional resource center be located in each HEW region.**

There are also training and exemplary service needs which are national in scope and which would be significantly served by having one UAF nationally specialize in such needs. This specialization in the UAF network would be analogous in some ways to that which has developed in the Research and Training Centers supported under the Rehabilitation Act. Areas of specialization could include such diverse topics as diagnosis of rare conditions, genetics, and training of administrators of institutions serving developmentally disabled persons. **It is recommended that 10 UAFs be provided additionall funding of $500,000 each above and beyond their core and basic program funding to support chosen areas of specialization.**

c. Geographical Distribution of UAFs

There should be at least one UAF for each state. In addition to one per state, there should be one for the District of Columbia, one for the Caribbean Trust Territories of Puerto Rico and the Virgin Islands, and one for the Pacific Trust Territories including American Samoa, Guam, and the Pacific Islands.

Note that to date UAFs have been concentrated in the larger states. Of the 25 states falling below the median size only 24% have UAFs.

More populated states will require more than one UAF. **If UAFs are to be responsive to the needs of the state and the service delivery system, they should be distributed within states so that one UAF would relate to a**

population area of approximately 3,000,000. This criteria will require adjustment within some states. For example, states with populations of less than 3,000,000 would be eligible for funding of only one UAF. The state should have the perogative of having the UAF activities under a common administration, but decentralized to other sites throughout the state as is now done in Kansas and Georgia.

d. Implementation Plan

The recommended UAF program would obviously be built upon the existing UAF network. At present there are 37 UAFs that potentially fit under the recommended program on the basis of (1) being the sole UAF in that state, or (2) in a state that would qualify for more than one UAF.

A federal initiative to build upon and expand this base should be initiated as quickly as possible, preferably during fiscal year 1978. Implementation should be planned and orderly so as to assure that high quality standards are maintained. Incremental phasing of program extension is recommended. An additional 24 UAFs would be required to meet national needs. Eight per year could feasibly be established starting in fiscal year 1979. All 24 should be initiated by fiscal year 1978.

Regional and topical specialization of UAFs could be feasibly accomplished at the rate of 4 per year starting in fiscal year 1978 with all 20 having been created by fiscal year 1982.

e. Projected costs

The following table presents the projected cost of the recommended UAF program during the five year phased implementation. Note that these figures do *not* include adjustments for expected price increases.

PROJECTED COST OF UAF'S (EXPRESSED IN 1,000's) FOR 5 YEARS (FISCAL YEAR 1978 THROUGH FISCAL YEAR 1982)

	FY 78		FY 79		FY 80		FY 81		FY 82	
Goal	No.	Amount	No.	Amount	No.	Amount	No.	Amount	No.	Amount
A basic program in each UAF (number required = 37)	37	27,750	37	27,750	37	27,750	37	27,750	37	27,750
One UAF per state (additional required = 24)			8	6,000	16	12,000	24	18,000	24	18,000
One UAF per 3 million population (additional required = 26)					10	7,500	19	14,250	26	19,500
Regional and topical resource centers (number required = 20)	4	2,000	8	4,000	12	6,000	16	8,000	20	10,000
TOTALS	37	29,750		37,750		53,250		68,000		75,250

C. Legislative Changes Needed

Many of the above recommendations will require legislative initiatives in order to be implemented. In addition, the following legislative changes will be necessary if current barriers to program effectiveness are to be eliminated.

1. The Name of the Program

Interdisciplinary training programs in developmental disabilities have been initiated at numerous sites, most with the formal "university affiliated facility" (UAF) designation. The "UAF" terminology has been used in legislation which followed and amended the 1963 law, most recently in 1975 in the Developmentally Disabled Assistance and Bill of Rights Act (P.L. 94-103). The 1975 law attempts a definition of this illusive term,[1] but the definition itself is broad.

The Task Force finds the continued use of this terminology unfortunate and unnecessary, and cites the program name as one source of the confusion presently identified with the program.

The Task Force recommends the adoption in law of "university interdisciplinary program in developmental disabilities" as the formal program name.

Because the terminology imposed on the program by federal legislation has limited meaning, few if any of the existing programs use any reference to the term beyond the process of dealing with the federal government. There is, therefore, little consistency in program name from one site to the next. All of this suggests that greater efforts to present an understandable and somewhat consistent pattern to the public in terms of the program's role and purpose are in order. The importance of a clear mission statement was underlined earlier in this report. The Task Force believes a more suitable program name is a related need.

2. Authorizing Legislation

Authorizing legislation administered by the UAF lead agency should define the concept of the university interdisciplinary program in developmental disabilities with precision.

The basic UAF authorization in federal law is presently contained in the Developmental Disabilities Act. Whether this authority remains within this act or is placed elsewhere, and irrespective of what agency administers the law, **greater precision is necessary in defining in law the mission of the program.**

Federal support for UAFs should be administered uniformly throughout the ten HEW regions. One aspect of present concern about the UAF program's effectiveness relates to the high degree of decentralization which exists in the Developmental Disabilities Office. Because the UAF program is funded by numerous sources, including several within HEW, the administering agency should endeavor to enforce the law with uniformity across HEW regions and with a strong degree of national coherence.

The statutory authorization for Maternal and Child Health training grants to UAFs (Section 511 of the Social Security Act) should be updated to more clearly identify support intended for university interdisciplinary programs in developmental disabilities.

Support from federal sources for half of present UAFs comes primarily from Maternal and Child Health funds. This funding reflects a long standing (and Congressionally reinforced) commitment by Maternal and Child Health to mentally retarded and multiply handicapped children.

This commitment of the agency is quite broad, however, and the training authorization relevant to the UAF program lacks legislative precision. Congressional intent presently expressed in appropriations measures should be written into the authorizing legislation.

The authority for Maternal and Child Health support of university interdisciplinary programs in developmental disabilities should be more explicitly spelled out in Title V of the Social Security Act, either by more concise reference to the program mission in the present section 511 or by an additional section in the law devoted exclusively to the program. Within the limits imposed by the thrust of the present authority—that of providing training for "health care and related services for . . . mentally retarded children and children with multiple handicaps"—the new language should seek greater commonality with the basic UAF authorization which is presently contained in the Developmental Disabilities Act. The intent here is not that the legislative language be extended beyond limits which are appropriate given the basic purposes of the Maternal and Child Health program, but that the exceptional health needs of children with disabilities be recognized legislatively as an important focus of community health services. The Task Force recommends that concise legislative language be incorporated in Title V which identifies the UAF mission, the interdisciplinary approach, and the essential contribution made by the MCH training and service program.

Other major federal legislation which presently affords support for training programs in mental retardation and developmental disabilities should be updated to more precisely identify and authorize support for training programs which are specifically addressed to the multi-faceted needs of this population.

Federal agencies such as the Bureau of Education for the Handicapped (BEH) within HEW's Office of Education have made significant contributions to preparing personnel needed in the developmental disabilities field. A greater contribution will be likely, however, if measures such as the Education of the Handicapped Act are revised to explicitly authorize support for interdisciplinary training activities.

3. UAF "Satellites"

Recent Congressional sponsorship (in P.L. 94-103) of the satellite model for extending services to outlying areas with the technical assistance of existing UAFs has provided an important new vehicle for UAF outreach. However, this activity should not become a significant diversion from the UAF primary mission of improving services through the provision of better trained personnel.

The Task Force could not make a final judgment about this concept in the 1975 legislation because it is as yet untested in practice. It is clear, however, that there is considerable difference of opinion about the proper and intended mission of the proposed satellites.

In addition, it would appear that there are serious issues which remain to be addressed before the concept can be translated from theory to practice. Is there justification, for example, to attaching such service oriented facilities to university programs whose focus is training? Should they not be tied to the service system?

Many areas of the country have Maternal and Child Health Centers, clinics for mentally retarded children which are similar in concept to the propsed satellite idea, at least as the concept in understood to be defined. How would such satellites relate to these clinics?

Given the complexity of funding a program with ties to more than one state, how should such arrangements be structured?

The Task Force suggests that **the UAF satellite concept is an appropriate topic for in depth discussion and review when the Developmental Disabilities Act is next considered for amendment and extension by the Congress.** If monies earmarked for satellites became available they could be used for initiation of UAFs in states without UAFs in consultation with existing UAF's.

SECTION V

RELATIONSHIPS WITH STATES AND THE SERVICE SYSTEMS

The Task Force questions whether UAFs have developed their training and service goals in concert with the major state service agencies and state higher education coordinating authorities in their respective states.

The Task Force believes the UAF should serve as a catalyst for innovation and change. It should work to bring the state systems of higher education and service delivery together around the complex service needs of the developmentally disabled population. To this end, it should be understood that universities have a role that is considerably broader than that of producing manpower.

The Task Force is concerned that UAF curricula reflect the service systems' needs, and that those trained have skills which are useful in terms of the needs of the developmentally disabled population and the systems serving that population. Service providers must make known to the universities their actual manpower needs, while not losing sight of certain basic precepts of the higher education systems with which the UAF program must live. This is not to say that universities may rest upon academic tradition in an effort to avoid responding to real world need and problems. The UAF mission itself rejects this notion.

The program's relationship with the state service systems must be strengthened; training and service goals must be developed in concert with the major state service agencies to assure relevance to actual needs of the developmentally disabled population. The process should include close working relationships among the UAF, the service agencies, and the system of higher education in the state. Extensive cooperation and collaboration between the programs or centers and those agencies and systems directly responsible for developmental disabilities services is required if the program is to address actual needs. In particular, collaboration between universities and service agencies around needs for interdisciplinary personnel must be directed towards identifying the types and numbers of personnel needed by service systems so that training programs can be made responsive to those needs. State agencies should seek to involve university faculty and advanced students in issue analysis, evaluation, planning and similar activities for its dual purpose of exploiting their expertise and acquainting them with current trends.

Planning for improved services for developmentally disabled persons should involve close relationships between State Developmental Disabilities Planning Councils and university interdisciplinary programs.

Recent amendments to the Developmental Disabilities Act by Public Law 94-103 attempt to strengthen and give focus to the State Planning Councils established by the 1970 law. The Task Force agrees with this objective and believes the Councils have potential for providing greater state-wide leadership in developmental disabilities. Such a role requires that state service agencies and university interdisciplinary programs be full participants in council activities. The Task Force urges the Council to invite university participation in their activities, and especially urges the university programs' representatives to seek council membership where they are not represented and to collaborate in other ways.

States should identify their manpower requirements for personnel in developmental disabilities and incorporate their findings in the state plans mandated by the Developmental Disabilities Act.

State DD plans should include an assessment of manpower shortages in terms of personnel trained in interdisciplinary as well as traditional settings. The plans should identify training resources in the state and make clear the relationship between those resources and the state's manpower needs.

Program Relationship to State and Local Funding

The most ambitious effort to improve the administration and effectiveness of the UAF program should realistically assess the relative roles of Federal, State and local policymakers and agencies. The Task Force suggests that **the trend towards greater authority at the State and local levels of government over decisions about the funding of various services and activities must recognized and responded to by the UAF program with increasing sensitivity**. Greatly increased authority at the States' level around Title XX social services funding since 1975 indicates a much greater effort by UAFs within their states to help shape the Title XX planning process. This in turn will likely have direct implications for UAF funding.

SECTION VI

THE ROLE OF UNIVERSITIES

Universities sponsoring interdisciplinary programs in developmental disabilities should be required to provide an administrative and academic structure which accommodates the interdisciplinary, interdepartmental program as a condition of grant receipt.

The organizational structure should provide the interdisciplinary program with autonomy, encourage academic recognition for contributions which support the mission of the interdisciplinary program, and should lend itself to a distinct organization identification of the interdisciplinary program. Adequate space, sufficient visibility of the program, and formal recognition of the program within the university milieu are all important components of the environment the Task Force believes essential if the interdisciplinary program is to function effectively.

The university should provide the director of the interdisciplinary program with as much autonomy as possible in matters relating to academic, managerial and fiscal affairs. Finally, the ultimate measure of any university's commitment to an interdepartmental effort will be the amount of financial support provided. **The Task Force calls upon universities to demonstrate their commitment to developmental disabilities by endowing interdisciplinary programs with a base of financial support which encourages a distinct program identity.**

Traditional university organizational structure is often an impediment to the effective implementation of interdisciplinary programs in universities. Many of the present UAFs have felt the impact of this traditional structure. UAFs must interface and interact with many departments and colleges within the university, and the interaction is very definitely a function of the organizational location of the program. The present diversity of organizational or administrative structure of UAFs within universities had led to uneven acceptance of the programs from campus to campus, while the various schools and departments represented within the programs view these non-traditional ventures in their midst with apathy or even suspicion. Autonomy, a distinct identity, and a measurable commitment from the university are contributing factors to success when there is true acceptance by the university. With both demands for and expectations of additional direct service to developmentally disabled persons increasing throughout the system, it is imperative that there be greater communication among the

higher education systems, the service providers, representatives of the consumer groups, and spokesmen for government at all levels.

Interdisciplinary developmental disabilities programs carried out in university settings should serve to familiarize those in the academic settings, in government, in the service systems, and in the consumer movement with the demands, expectations, regulations and traditions of each.

Exchange placement programs, symposia, workshops, and conferences which bring representatives of these diverse systems together around the problems of developmental disabilities and the unique aspects of universities, governments, and service systems in the context of these problems should be fostered by interdisciplinary programs and the universities which house them. The Task Force believes such efforts would improve the quality of interaction and communication among these important components in the overall system, and more specifically, increase the effectiveness of universities endeavoring to carry out programs in developmental disabilities.

SECTION VII

THE ROLE OF THE AMERICAN ASSOCIATION OF UNIVERSITY AFFILIATED PROGRAMS

Many of the objectives and recommendations set forth in this report can best be achieved if the UAFs themselves take the initiative, assess the recommendations, establish goals, and plan and initiate actions to achieve the goals. The program is basically sound and can best continue to grow if the strength of the existing UAFs is used as the basis for continued growth. This basic philosophy is reinforced by the reality that there is no other single action point for organized change of the UAF program. The program is jointly supported by three federal agencies, state and local governments and universities. In short, for many of the recommendations, effective change can best be accomplished through coordinated action of the UAFs.

The Association provides a mechanism through which information can be shared among individual UAFs. The programs can formulate community goals and policies, work together to achieve commonly held goals, and speak to external bodies as a single voice or through a single point of contact utilizing the Association. Hence, the Association can play an important role in the continued growth and evolution of the UAF programs. Clearly, it has an important role to play in the implementation of the recommendations presented in this report.

In summary, the Task Force has recommended that all UAFs

(a) Uniformly adopt the best of what has been learned to date in terms of training and service standards;
(b) Build better connections with State and local service delivery systems so that training can be offered on the full continum of care;
(c) Be organized as a purposeful network, and;
(d) Take a much more active role as change agents in regard to training offered outside of UAFs and in service delivery matters.

In all of these areas it recommended that the Association take an active role. The Association is encouraged to raise the issues presented in this report to formulate positions on the recommendations presented, and to work toward implementation of policies so established.

Two areas deserve special comment. First, the existing diversity of UAFs is such that some existing members of the Association may not currently

meet the training and service standards set forth in this report or which may logically follow from recommendations presented. It is seen as an appropriate role of the Association to work with all its members who chose to change so as to meet standards and mobilize the resources of all UAFs to assist them in doing so. For those programs which do *not* chose to meet standards, (because they have defined a program of a different character) it is seen as an appropriate role of the Association to seek continued financial and other support for the programs outside of the formal UAF program. Clearly, whether a program is in or out of the UAF program is no judgement at all on its social value.

Second, the organization of the UAFs into a coordinated network is an area where Association leadership is especially relevant.

The Association needs to be supported in these roles, including the following. At present there are efforts underway by the American Association of University Affiliated Programs to establish a uniform data reporting system for the UAF network. The data-base is now beginning to report numbers of trainees in the programs, clients served, clinical services provided, community affiliations, and other useful data.

This project should be continued, with the Association's central office designated as the repository of the data for easy access by federal agencies, the Congress, State governments, consumer groups, service agencies, and individual university interdisciplinary programs.

The Task Force believes it is critical that the costs of the Association be borne by the membership, at least to the extent that the Association obtain a core identity which is independent of federal grants or contracts. This will require a significantly higher annual payment by individual programs for the maintenance of the Association. A sliding scale of membership dues to permit smaller programs to manage such payments would be most appropriate.

SECTION VIII

SUMMARY OF RECOMMENDATIONS

Major conclusions and recommendations of the preceding sections are summarized below, for the convenience of the reader. The structure of the main body of the report is followed. The reader may refer to appropriate sections for detailed discussion of the excerpts.

SECTION I, INTRODUCTION

Assessment of Program Progress . . .

EXPERIENCE WITH THE UAF PROGRAM TO DATE HAD VALIDATED EACH OF THE ORIGINAL PROGRAM CONCEPTS STATED BY THE 1962 PRESIDENT'S PANEL ON MENTAL RETARDATION: TRAINING IN MODELS EXEMPLIFYING A CONTINUUM OF CARE, INTERDISCIPLINARY TRAINING, UAFS AS CHANGE AGENTS, AND INCREMENTAL IMPLEMENTATION AND TESTING OF THE UAF CONCEPT.

exemplary training and service models . . .

NOTABLE BUT NOT FULL SUCCESS HAS BEEN ACHIEVED IN LINKING UAF TRAINING WITH HIGH QUALITY BUT REALISTIC SERVICE SETTINGS EXEMPLIFYING A CONTINUUM OF CARE FOR DEVELOPMENTALLY DISABLED PERSONS.

UAFS HAVE SHOWN EXCELLENCE IN DIAGNOSIS, TREATMENT PLANNING, AND MEDICAL CARE. TRAINING NEEDS TO BE EXTENDED TO THE FULL CONTINUUM OF CARE.

MORE ATTENTION SHOULD BE GIVEN TO ASSURING THAT THE PROGRAM PROPORTIONATELY BENEFITS ALL DEVELOPMENTAL DISABILITIES.

TERTIARY DIAGNOSIS AND TREATMENT PLANNING SHOULD BE MADE ONE OF THE FORMAL MISSIONS OF THE UAF PROGRAM RATHER THAN A BYPRODUCT OF TRAINING ACTIVITIES.

THE PURPOSEFUL SPECIALIZATION OF SELECTED UAFS CONSTITUTES A VALUABLE NATIONAL RESOURCE. A NEXT MAJOR EVOLUTIONARY STEP OF THE UAF PROGRAM IS DEVELOPMENT OF A NATIONAL NETWORK WHICH WILL ALLOW SPECIALIZED KNOWLEDGE TO BE PURPOSEFULLY DEVELOPED AND MADE SYSTEMATICALLY AVAILABLE ON A NATIONWIDE BASIS.

interdisciplinary training . . .

INTERDISCIPLINARY METHODS OF EDUCATION NEED TO BE MADE AVAILABLE TO ALL STATES.

UNIFORM NATIONAL STANDARDS FOR INTERDISCIPLINARY EDUCATION NEED TO BE ESTABLISHED, AND FUNDING SHOULD BE OFFERED ONLY TO THOSE UAFS WHICH MEET STANDARDS.

UAFS SHOULD GIVE FORMAL ATTENTION TO KNOWLEDGE TRANSFER AND DISSEMINATION OF INTERDISCIPLINARY METHODS OF EDUCATION.

incremental implementation and testing of the UAF concept . . .

THE PROGRAM HAS REACHED THE POINT WHERE EXISTING UAFS HAVE PROVEN THE BASIC PROGRAM CONCEPTS SOUND. STANDARDS BASED UPON THOSE UAFS WHICH HAVE BEEN MOST SUCCESSFUL NEED TO BE ESTABLISHED. THE PROGRAM SHOULD THEN BE EXPANDED NATIONWIDE.

THE OPERATION OF THE UAF PROGRAM OVER THE PAST DECADE HAS PROVIDED ADEQUATE TIME TO TEST THE ASSUMPTIONS ON WHICH THE UAF PROGRAM IS BASED. THE TASK FORCE HAS NOT READILY ACCEPTED ANY OF THESE ASSUMPTIONS, BUT, RATHER, HAS CRITICALLY EXAMINED THEM AND FOUND STRONG JUSTIFICATION FOR EACH.

First . . .

INTERDISCIPLINARY TRAINING IS A BASIC ELEMENT IN THE EFFORT TO PREPARE LEADERS AND CERTAIN OTHER PERSONNEL WHO WILL WORK EFFECTIVELY WITH THE COMPLEX PROBLEMS ASSOCIATED WITH MENTAL RETARDATION AND OTHER TYPES OF DEVELOPMENTAL DISABILITIES.

Second . . .

THE UAF PROGRAM HAS DEMONSTRATED THAT A PROPERLY CONCEIVED CAPACITY BUILDING EFFORT THROUGH INVESTMENT OF FEDERAL FUNDS CAN IMPACT ON THE OVERALL CAPACITY OF STATE EFFORTS.

Third . . .

THE GOAL OF THE UAF PROGRAM MUST BE TO INCREASE UNIVERSITY IMPACT ON THE QUALITY OF LIFE OF PEOPLE WITH DEVELOPMENTAL DISABILITIES THROUGH FUNCTIONS COMPATIBLE WITH EACH UNIVERSITY'S OWN MISSION. THE TASK FORCE BELIEVES THIS TO BE THE KEY TO THE PROGRAM'S SOCIAL UTILITY.

JOINT PARTICIPATION BY THE FEDERAL GOVERNMENT, STATE GOVERNMENTS AND SELECTED UNIVERSITIES IN A NATIONAL PROGRAM TO PROVIDE INTERDISCIPLINARY TRAINING TO PERSONNEL WHO ARE WORKING OR IN THE FUTURE WILL WORK WITH DEVELOPMENTALLY DISABLED PERSONS REPRESENTS A VITAL CONTRIBUTION TO A MAJOR SOCIAL NEED.

PROGRAM ELEMENTS

IN ORDER TO ACCOMPLISH THE THREE MAJOR OBJECTIVES OF CONTINUITY OF CARE, INTERDISCIPLINARY TRAINING, AND SYSTEMATIC CHANGE SET FORWARD IN THE 1962 REPORT OF THE PANEL FOUR BASIC PROGRAM ELEMENTS HAVE BEEN IDENTIFIED IN THE UAF PROGRAM: TRAINING, SERVICE, TECHNICAL CONSULTATION, AND RESEARCH.

Training . . .

THE TASK FORCE SUPPORTS THE CONCEPT AND RELEVANCE OF INTERDISCIPLINARY TRAINING IN THE FIELD OF DEVELOPMENTAL DISABILITIES. INTERDISCIPLINARY TRAINING IS DEFINED AS FOLLOWS:

> *Interdisciplinary training is an integrated educational process involving the interdependent contributions of the several relevant disciplines to enhance professional growth as it relates to training, service, and research. The interdisciplinary process promotes the development and use of a basic language, a core body of knowledge, relevant skills, and an understanding of the attitudes, values, and method of participating disciplines.*

training disciplinary professionals as developmental disabilities interdisciplinary specialists . . . PROFESSIONALS SHOULD BE TRAINED WHO WILL FUNCTION AS SPECIALISTS IN THE INTERDISCIPLINARY APPROACH TO PROVISION OF DEVELOPMENTAL DISABILITY SERVICES. THESE PERSONS SHOULD HAVE EXPERTISE IN THEIR BASIC DISCIPLINE, ABILITY TO ENGAGE IN A COOPERATIVE UTILIZATION OF THESE SKILLS IN AN INTERDISCIPLINARY SETTING, AND UNDERSTANDING OF THE ROLE AND FUNCTION OF OTHER DISCIPLINES IN THIS SETTING.

preparing personnel for synthesizing roles to achieve coordinated services. IN ADDITION TO PRACTITIONERS WITH A STRONG DISCIPLINARY IDENTITY WHO WORK WITHIN AN INTERDISCIPLINARY CONTEXT IN A COLLABORATIVE OR COMMUNICATIVE MODE, TRAINED PERSONNEL ARE NEEDED WHO CAN WORK ACROSS THE TRADITIONAL SYSTEMS OF HEALTH, EDUCATION, AND SOCIAL SERVICES.

elevating the skills of future practitioners likely to serve substantial numbers of developmentally disabled persons . . . PROFESSIONALS WHO PROVIDE SPECIFIC HUMAN SERVICES TO THE GENERAL POPULATION ALSO SHOULD RECEIVE TRAINING IN SERVING DEVELOPMENTALLY DISABLED PERSONS . . . WHILE THE PRIME RESPONSIBILITY FOR PREPARATION OF CARETAKERS AND OTHER PARAPROFESSIONALS FALLS OUTSIDE THE PURVIEW OF THE UNIVERSITY INTERDISCIPLINARY PROGRAMS, UAFS SHOULD PLAY AN ACTIVE ROLE IN CURRICULUM DEVELOPMENT, TECHNICAL ASSISTANCE, AND THE TRAINING OF TRAINERS.

elevating the competence of practitioners in the field . . . IN ORDER TO UPDATE AND EXTEND THE COMPETENCE OF PRACTITIONERS WHO SERVE DEVELOPMENTALLY DISABLED PERSONS UAFS SHOULD DEVELOP AND MAINTAIN CONTINUING EDUCATION PROGRAMS IN WHICH THE INTERACTIVE PROCESS INVOLVED IN INTERDISCIPLINARY TRAINING IS AN INTEGRAL PART.

ALONG WITH THE FOUR MAJOR TRAINING ACTIVITIES SEEN AS IMPERATIVE FOR UAFS, THE TASK FORCE HAS ALSO IDENTIFIED SEVERAL SPECIAL CONCERNS AROUND OTHER POTENTIAL TRAINING ROLES FOR THE UAF:

1. UAFS SHOULD TAKE THE LEAD IN DEVELOPING THE INTERDISCIPLINARY CURRICULUM AND TRAINING PROGRAMS WHICH WILL BE NECESSARY TO PREPARE NEW BREEDS OF PROFESSIONAL AND PARAPROFESSIONAL SPECIALISTS, WITH SPECIAL REFERENCE TO MOST SEVERELY DISABLED PERSONS.
2. IN GENERAL THERE IS A NEED FOR UAFS TO MAINTAIN CLOSER CONTACT WITH TRENDS IN COMMUNITY AND INSTITUTIONAL PROGRAMS AND THE RESULTANT MANPOWER DEMANDS WHICH ARE BEING GENERATED.
3. UAFS SHOULD TAKE THE LEAD IN DESIGNING APPROPRIATE CURRICULAR MATERIALS AND ESTABLISHING PILOT COURSES WHICH ADDRESS INFLUENCE OF FUNDING SOURCES IN DEVELOPMENT AND FULFILLMENT OF PROGRAM GOALS; AND EFFECTIVE INTEGRATION OF SUCH SOURCES.

Faculty . . .

TO ADEQUATELY FULFILL THE TRAINING OBJECTIVES AND ACTIVITIES THE UAF MUST HAVE FACULTY REPRESENTATION FROM EACH OF THE MAJOR FUNCTIONAL AREAS OF HEALTH, EDUCATION, AND SOCIAL SERVICES 'OTHER MAJOR AREAS SHOULD BE REPRESENTED IN THE OVERALL NETWORK.

Interuniversity and Intrauniversity Outreach . . .

UAFS SHOULD ESTABLISH LINKAGES WITH APPROPRIATE COLLEGIATE PROGRAMS OUTSIDE THEIR PARENT UNIVERSITIES TO AUGMENT OR COMPLEMENT THEIR INTERDISCIPLINARY SPAN OR TO BROADEN THE BASE OF POTENTIAL STUDENTS FOR THE FIELD.

AFFILIATIONS WITH COMMUNITY OR JUNIOR COLLEGES SHOULD BE GIVEN SPECIAL ATTENTION TO INCREASE THE NUMBER OF STUDENTS IN THESE SCHOOLS WHO WILL BE GIVEN OPPORTUNITY TO GAIN SKILLS IN DEVELOPMENTAL DISABILITIES.

ALTHOUGH THE MAIN FOCUS OF THE UAFS MUST BE IN THE AREAS STRESSED ABOVE, THE TASK FORCE RECOMMENDS THAT INPUT FROM THE STATES SHOULD DETERMINE SELECTED MANPOWER NEEDS FOR ANY ADDITIONAL TRAINING EFFORTS.

Service . . .

EMPHASIS SHOULD BE GIVEN TO TRAINING AFFILIATIONS WITH A WIDE RANGE OF DIRECT SERVICE AGENCIES IN THE COMMUNITY OR REGION.

WHETHER PROVIDED DIRECTLY BY THE PROGRAM OR INDIRECTLY THROUGH COMMUNITY AFFILIATION, UAF SERVICES SHOULD EMPLOY THE MOST ADVANCED TECHNIQUES WORTHY OF REPLICATION.

THE UAF AS A PART OF THE TOTAL SERVICE DELIVERY SYSTEM SHOULD OFFER TERTIARY DIAGNOSIS, EVALUATION, AND ASSESSMENT TO DEVELOPMENTALLY DISABLED PERSONS WHO, DUE TO THE UNUSUAL NATURE OF THEIR CONDITION OR MANIFEST BEHAVIORS, ARE UNABLE TO BE SERVED THROUGH PRIMARY SERVICE UNITS OR CLINICS. . . . CONCOMITANTLY, SINCE HIGHER EDUCATION IS NOT IN THE SERVICE DELIVERY BUSINESS FOR ITS OWN SAKE, EXPECTATIONS IN THIS REGARD MUST BE REALISTIC.

THE UAF AS A PRODUCTIVE PARTICIPANT IN THE OVERALL TRAINING-RESEARCH-SERVICE EFFORT FOR DEVELOPMENTALLY DISABLED PERSONS MUST BE AN INTEGRATED PART OF THE TOTAL SERVICE SYSTEM AND SHOULD REFLECT JOINT PLANNING WITH RESPONSIBLE COMMUNITY, STATE, AND REGIONAL SERVICE AGENCIES AS WELL AS WITH CONSUMER GROUPS.

Technical consultation . . .

IN RELATION TO THEIR TRAINING MISSION, UNIVERSITY AFFILIATED FACILITIES SHOULD SHARE PROGRAM RESOURCES AND EXPERTISE THROUGH THE PROVISION OF TECHNICAL ASSISTANCE AND CONSULTATION TO PUBLIC AND PRIVATE AGENCIES, SERVICE PROVIDERS, COUNCILS, AND OTHER ORGANIZATIONS ON SUCH MATTERS AS ARE WITHIN THEIR COMPETENCE.

[HOWEVER] THE TASK FORCE IS CONCERNED THAT PRESENT EXPECTATIONS RELATIVE TO THE TECHNICAL ASSISTANCE FUNCTION OF THE UAF PROGRAM ARE UNREALISTIC. WHILE GREATER EFFORTS TO STRENGTHEN THIS COMPONENT OF THE PROGRAM'S MISSION ARE CALLED FOR, CARE MUST BE TAKEN TO AVOID THE IMPRESSION THAT UAFS HAVE ANSWERS FOR EVERY QUESTION OR THAT THEY CAN PROVIDE APPROPRIATE TECHNICAL CONSULTATION IN THE CASE OF EVERY NEED EVIDENCED IN THE SERVICE DELIVERY SYSTEM.

Research . . .

EVERY UAF SHOULD INCLUDE IN ITS TRAINING AND PRACTICE APPLICATION OF THE SCIENTIFIC METHOD TO PRACTICAL PROBLEMS AND DECISION MAKING.

EACH PROGRAM SHOULD COMMIT ITSELF TO A PLANNED EFFORT TO IDENTIFY, EVALUATE, REFINE, AND APPLY SIGNIFICANT NEW FINDINGS AS THEY ARE MADE KNOWN, BOTH THROUGH TECHNICAL CONSULTATION ACTIVITIES AND THROUGH THE TRAINING OF STUDENTS IN THE ONGOING PROCESS OF IDENTIFYING AND APPLYING NEW TECHNOLOGIES AND PERSPECTIVES IN PRACTICE BEYOND THE UNIVERSITY SETTING.

THE TASK FORCE EMPHASIZES THAT THE UAF PROGRAMS' ROLE IN RESEARCH SHOULD BE CAREFULLY DEFINED IN EACH CASE. RESEARCH IN THE UAF, WHILE A VITAL AND NECESSARY FUNCTION, IS AN ADJUNCTIVE MISSION. . . . [AND SHOULD BE FOCUSED PRIMARILY ON THOSE ENDEAVORS WHICH SUPPORT THE CENTRAL TRAINING FUNCTION OF THE PROGRAM.]

Relationship to Mental Retardation Research Centers . . .

. . . IT IS DESIRABLE THAT THERE BE AS MUCH CO-OPERATION AND COLLABORATION AS IS FEASIBLE BETWEEN UAFS AND MENTAL RETARDATION RESEARCH CENTERS.

. . . IT IS ESSENTIAL THAT A NUMBER OF THE POINTS THESE PROGRAMS HAVE IN COMMON BE REMEMBERED, AND THAT THEY SEEK ADDITIONAL WAYS TO WORK TOGETHER IN THESE CONTEXTS. THIS IS ESPECIALLY IMPORTANT AT THOSE LOCATIONS WHERE BOTH PROGRAMS ARE PRESENT.

PROGRAM OPERATION: TOWARD A NATIONAL NETWORK

Program accreditation . . .

A PRIVATE CERTIFYING BODY SHOULD BE CREATED TO PROVIDE FOR A PEER REVIEW MECHANISM TO INSURE THE PROGRAM QUALITY OF, AND TO ACCREDIT, UNIVERSITY INTERDISPLINARY PROGRAMS IN DEVELOPMENTAL DISABILITIES.

THE AAUAP SHOULD DEVELOP STANDARDS BY WHICH TO DEFINE AND JUDGE THE INTERDISCIPLINARY APPROACH EXEMPLIFIED BY THE PROGRAM. SUCH STANDARDS WOULD BE SUITABLE FOR USE BY THE PRIVATE ACCREDITING BODY.

THERE SHOULD BE REGULAR REVIEW OF CURRICULUM AND THE EDUCATIONAL PROCESS AT EACH PROGRAM IN THE CONTEXT OF THE MISSION AND GOALS OF THE NATIONAL UAF NETWORK AND THE MORE SPECIFIC INDIVIDUAL PROGRAM'S MISSION.

Policy Research Institute . . .

THE DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE SHOULD INITIATE THE ESTABLISHMENT OF AN INSTITUTE FOR POLICY ANALYSIS AND RESEARCH DEVOTED TO ISSUES IN DEVELOPMENTAL DISABILITIES. SUCH INSTITUTE SHOULD BE ESTABLISHED OUTSIDE OF THE FEDERAL GOVERNMENT AND SHOULD FOCUS ON BROAD ISSUES IN THE FIELD. . . . THE MOST EFFICIENT FUNCTIONING OF THE UAF PROGRAM DEPENDS ON THE NATION'S EFFECTIVENESS IN DEALING WITH ALL ISSUES IN DEVELOPMENTAL DISABILITIES, AND SOME NATIONAL LOCUS FOR ANALYSIS AND DISCUSSION OF LONG-RANGE ISSUES IS NECESSARY IN THIS REGARD.

A Cooperative National UAF Network . . .

AS A LONG-TERM GOAL, THE TASK FORCE RECOMMENDS THAT:

EACH STATE SHOULD HAVE THE OPPORTUNITY TO DEVELOP AT LEAST ONE UNIVERSITY INTERDISCIPLINARY PROGRAM IN DEVELOPMENTAL DISABILITIES.

WHERE CERTAIN STATES DO NOT NOW HAVE FULL RESOURCES TO ESTABLISH A "BASIC" UAF, STATE AND FEDERAL RESOURCES SHOULD BE MADE AVAILABLE TO SUPPORT DEVELOPMENT OF A VIABLE PROGRAM, IF DESIRED BY THE STATE AND AN APPROPRIATE UNIVERSITY.

IN ORDER TO UTILIZE EXPERTISE AND RESOURCES TO THE BEST ADVANTAGE IN THE NATIONAL NETWORK OF UAFS, CERTAIN PROGRAMS SHOULD BE RECOGNIZED AS TOPICAL RESOURCE CENTERS AND CERTAIN PROGRAMS SHOULD BE RECOGNIZED AS GEOGRAPHICAL RESOURCE CENTERS.

Comprehensive Program Evaluation . . .

THE DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE SHOULD SUPPORT THE ESTABLISHMENT OF A COMPREHENSIVE EVALUATION PROGRAM TO (A) COMPARE GRADUATES OF UNIVERSITY INTERDISCIPLINARY PROGRAMS IN DEVELOPMENTAL DISABILITIES WITH GRADUATES OF SPECIALIZED OR TRADITIONAL DISCIPLINARY PROGRAMS, AND COMPARE THE RELATIVE EFFECTIVENESS OF SUCH GRADUATES IN ACTUAL WORK SETTINGS, AND TO (B) COMPARE THE RELATIVE EFFECTIVENESS OF GRADUATES AMONG THE VARIOUS UAFS.

RESTRUCTURING GOVERNMENTAL PARTICIPATION IN THE PROGRAM

Administering Agency . . .

TO IMPROVE THE ADMINISTRATION OF FEDERAL SUPPORT OF THE UAF PROGRAM, ONE AGENCY WITHIN THE DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE SHOULD BE DESIGNATED THE ADMINISTERING AGENCY FOR UNIVERSITY INTERDISCIPLINARY PROGRAMS IN DEVELOPMENTAL DISABILITIES.

The Minimal Program and "Core" Support . . .

AS A COROLLARY TO THE CONCEPT OF AN ADMINISTERING OR "LEAD" AGENCY WITHIN THE GOVERNMENT FOR THE UAF PROGRAM, "CORE SUPPORT" SHOULD BE RECOGNIZED AS AN ESSENTIAL IN THE DESIGNATION OF AND CONTINUED SUPPORT OF UNIVERSITY INTERDISCIPLINARY PROGRAMS BY THE LEAD AGENCY. THE TASK FORCE SUGGESTS THE USE OF THE TERM "CORE GRANT" TO INCLUDE SUPPORT TO COVER THOSE COSTS ESSENTIAL TO ADMINISTERING A PROGRAM WHICH MEETS MINIMAL REQUIREMENTS FOR

FEDERAL FUNDING. SPECIFICALLY, CORE SUPPORT SHOULD COVER BASIC ADMINISTRATIVE COSTS AND ALSO PROVIDE FOR MINIMAL FACULTY REPRESENTATION IN THE HEALTH, EDUCATION, AND SOCIAL SERVICES DISCIPLINES.

CORE GRANTS SHOULD HAVE SOME PERIOD OF PREDICTABILITY GREATER THAN ONE YEAR. A THREE-YEAR CYCLE IS RECOMMENDED TO AFFORD PROGRAMS AN OPPORTUNITY TO SHOW EVIDENCE OF CAPACITY BUILDING AND ABILITY TO ATTRACT LOCAL SUPPORT.

CORE GRANTS SHOULD NOT BE AWARDED WHERE THERE IS SLIGHT CHANCE OF BUILDING AN ADEQUATE INTERDISCIPLINARY PROGRAM WHICH WILL MEET MINIMAL REQUIREMENTS IN EACH COMPONENT AREA OF THE OVERALL PROGRAM MISSION . . . THE AWARD OF THE CORE GRANT SHOULD BE THE METHOD OF FORMAL UAF DESIGNATION FOR FEDERAL FUNDING ELIGIBILITY PURPOSES.

Coordination of Multiple Agency Support . . .

IN ADDITION TO ESSENTIAL ADMINISTRATIVE AND MINIMAL FACULTY SUPPORT PROVIDED THROUGH CORE GRANTS, IT IS RECOMMENDED THAT UAF PROGRAM SUPPORT BE PROVIDED BY ONE OR MORE AGENCIES WITHIN THE FEDERAL GOVERNMENT. SUCH GRANTS SHOULD BUILD ON AMOUNTS CONTRIBUTED BY AWARDS OF CORE SUPPORT, AND SHOULD PROVIDE FUNDING FOR THOSE PROGRAM COMPONENTS IDENTIFIED IN THE PROGRAM'S CORE GRANT PROPOSAL.

Target Population Representation Among Programs . . .

FEDERAL FUNDING SHOULD INCREASINGLY FOCUS ON INTERDISCIPLINARY PROGRAMS TO TRAIN PERSONNEL NEEDED TO SERVE ADULTS WHO ARE DEVELOPMENTALLY DISABLED.

Geographical Distribution of Programs . . .

PROGRAM GROWTH AND EXPANSION SHOULD BE SELECTIVE TO PERMIT ATTAINING A MINIMAL PROGRAM IMPACT NATIONALLY. PRESENT GEOGRAPHICAL DISTRIBUTION OF UAFS TOGETHER WITH THE VARIETY OF SIZES AND TYPES OF PROGRAMS LEAVES SERIOUS GAPS IN SEVERAL AREAS OF THE COUNTRY.

ONE "TOPICAL RESOURCE CENTER" AND ONE "REGIONAL RESOURCE CENTER" SHOULD BE LOCATED WITHIN EACH HEW REGION.

Funding Requirements . . .

BUDGET REQUESTS AND ANNUAL APPROPRIATIONS FOR UAFS SHOULD BE SUBSTANTIALLY INCREASED TO PERMIT THE PROGRAMS TO CARRY OUT THE DESIGNATED MISSION.

GREATER EFFORT MUST BE MADE BY THE DEPARTMENT OF HEW TO ASSIST PROGRAMS IN MEETING COSTS ASSOCIATED WITH SERVICES TO SUPPORT TRAINING. . . . AT THE SAME TIME, UAFS MUST ACCEPT GREATER RESPONSIBILITY FOR INDEPENDENTLY BUILDING UP THEIR SERVICE BASES USING LOCAL SUPPORT.

Projected Cost for Nationwide UAF Coverage . . .

basic program requirements . . .

EACH UAF MUST HAVE A CADRE OF CORE FACULTY AND ADMINISTRATION TO ASSURE CONTINUITY OF PROGRAMMING WITHIN THE UNIVERSITY AND THE COMMUNITY. PRESENT DATA INDICATES THAT THE CORE FACULTY AND ADMINISTRATION WOULD ANNUALLY REQUIRE APPROXIMATELY $250,000 FOR EACH UAF.

IT IS ESTIMATED THAT INTERDISCIPLINARY TRAINING WITH FACULTY REPRESENTATION BEYOND THE CORE CAPABILITY IN THE THREE MAJOR SERVICE CLUSTERS, SERVICES RELATED TO THE TEACHING OBJECTIVES AND TERTIARY BACKUP, TECHNICAL CONSULTATION AND OUTREACH, AND RESEARCH TO IMPROVE SERVICE PROVISION WOULD REQUIRE APPROXIMATELY $500,000 FOR EACH UAF IN ADDITION TO CORE SUPPORT.

CORE SUPPORT SHOULD BE FURNISHED BY THE HEW LEAD AGENCY AND BASIC PROGRAM SUPPORT SHOULD BE PROVIDED BY VARIOUS FEDERAL AGENCIES.

regional and topical resource centers . . .

ONE UAF REGIONAL RESOURCE CENTER SHOULD BE LOCATED IN EACH HEW REGION.

TEN UAFS SHOULD BE PROVIDED ADDITIONAL FUNDING OF $500,000 EACH ABOVE AND BEYOND THEIR CORE AND BASIC PROGRAM FUNDING TO SUPPORT CHOSEN AREAS OF TRAINING AND EXEMPLARY SERVICE SPECIALIZATION.

geographical distribution . . .

THERE SHOULD BE AT LEAST ONE UAF FOR EACH STATE. IN ADDITION, THERE SHOULD BE ONE FOR THE DISTRICT OF COLUMBIA AND FOR EACH OF THE TRUST TERRITORIES.

UAFS SHOULD BE DISTRIBUTED WITHIN STATES SO THAT EACH ONE WOULD RELATE TO A POPULATION AREA OF APPROXIMATELY 3,000,000.

implementation plan . . .

A FEDERAL INITIATIVE TO BUILD UPON AND EXPAND THE PRESENT UAF BASE SHOULD BE INITIATED AS QUICKLY AS POSSIBLE. INCREMENTAL PHASING OF PROGRAM EXTENSION IS RECOMMENDED.

Legislative Changes Needed . . .

the name of the program . . .

THE TASK FORCE FINDS THE CONTINUED USE OF "UAF" TERMINOLOGY UNFORTUNATE AND UNNECESSARY, AND CITES THE PROGRAM NAME AS ONE SOURCE OF THE CONFUSION PRESENTLY IDENTIFIED WITH THE PROGRAM.

THE TASK FORCE RECOMMENDS THE ADOPTION IN LAW OF *"UNIVERSITY INTERDISCIPLINARY PROGRAM IN DEVELOPMENTAL DISABILITIES"* AS THE FORMAL PROGRAM NAME.

authorizing legislation . . .

GREATER PRECISION IS NECESSARY IN DEFINING IN LAW THE MISSION OF THE PROGRAM.

OTHER MAJOR FEDERAL LEGISLATION WHICH PRESENTLY AFFORDS SUPPORT FOR TRAINING PROGRAMS IN MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES SHOULD BE UPDATED TO MORE PRECISELY IDENTIFY AND AUTHORIZE SUPPORT FOR TRAINING PROGRAMS WHICH ARE SPECIFICALLY ADDRESSED TO THE MULTIFACETED NEEDS OF THIS POPULATION.

UAF "satellites" . . .

THE UAF SATELLITE CONCEPT IS AN APPROPRIATE TOPIC FOR IN DEPTH DISCUSSION AND REVIEW WHEN THE DEVELOPMENTAL DISABILITIES ACT IS NEXT CONSIDERED FOR AMENDMENT AND EXTENSION BY THE CONGRESS.

RELATIONSHIPS WITH STATES AND THE SERVICE SYSTEMS

THE PROGRAM'S RELATIONSHIP WITH THE STATE SERVICE SYSTEMS MUST BE STRENGTHENED; TRAINING AND SERVICE GOALS MUST BE DEVELOPED IN CONCERT WITH THE MAJOR STATE SERVICE AGENCIES

TO ASSURE RELEVANCE TO ACTUAL NEEDS OF THE DEVELOPMENTALLY DISABLED POPULATION.

STATES SHOULD IDENTIFY THEIR MANPOWER REQUIREMENTS FOR PERSONNEL IN DEVELOPMENTAL DISABILITIES AND INCORPORATE THEIR FINDINGS IN THE STATE PLANS MANDATED BY THE DEVELOPMENTAL DISABILITIES ACT.

Program Relationship to State and Local Funding . . .

THE TREND TOWARDS GREATER AUTHORITY AT THE STATE AND LOCAL LEVELS OF GOVERNMENT OVER DECISIONS ABOUT THE FUNDING OF VARIOUS SERVICES AND ACTIVITIES MUST BE RECOGNIZED AND RESPONDED TO BY THE UAF PROGRAM WITH INCREASING SENSITIVITY.

THE ROLE OF UNIVERSITIES . . .

UNIVERSITIES SPONSORING INTERDISCIPLINARY PROGRAMS IN DEVELOPMENTAL DISABILITIES SHOULD BE REQUIRED TO PROVIDE ADMINISTRATIVE AND ACADEMIC STRUCTURE WHICH ACCOMMODATES THE INTERDISCIPLINARY, INTERDEPARTMENTAL PROGRAM AS A CONDITION OF GRANT RECEIPT.

UNIVERSITIES SHOULD DEMONSTRATE THEIR COMMITMENT TO DEVELOPMENTAL DISABILITIES BY ENDOWING INTERDISCIPLINARY PROGRAMS WITH A BASE OF FINANCIAL SUPPORT WHICH ENCOURAGES A DISTINCT PROGRAM IDENTITY.

INTERDISCIPLINARY DEVELOPMENTAL DISABILITIES PROGRAMS CARRIED OUT IN UNIVERSITY SETTINGS SHOULD SERVE TO FAMILIARIZE THOSE IN THE ACADEMIC SETTINGS, IN GOVERNMENT, IN THE SERVICE SYSTEMS, AND IN THE CONSUMER MOVEMENT WITH THE DEMANDS, EXPECTATIONS, REGULATIONS, AND TRADITIONS OF EACH OTHER.

THE ROLE OF THE AMERICAN ASSOCIATION OF UNIVERSITY AFFILIATED PROGRAMS . . .

THE ASSOCIATION [AAUAP] SHOULD TAKE AN ACTIVE ROLE IN THE IMPLEMENTATION OF THE RECOMMENDATIONS PRESENTED IN THIS REPORT.

THE ASSOCIATION IS ENCOURAGED TO RAISE THE ISSUES PRESENTED IN THIS REPORT TO FORMULATE POSITIONS ON THE RECOMMENDATIONS PRESENTED, AND TO WORK TOWARD IMPLEMENTATION OF POLICIES SO ESTABLISHED.